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# Social Statistics

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The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

#### SERVICES OF STATE HEALTH DEPARTMENTS FOR MOTHERS AND CHILDREN, 1940

Maternal and child-health services administered and supervised by the several State health departments 1/ and regularly reported to the United States Children's Bureau form the basis of this article. The data to be discussed consist chiefly of admissions to and visits for antepartum and postpartum medical and nursing services, visits for home-delivery nursing service, admissions and visits to medical and nursing services for infants and for preschool and school children, and dental inspections of preschool and school children. Services reported for the calendar year 1940 are covered in this report.

These services are provided by physicians, nurses, and dental staffs working in county or district health departments or in unorganized areas which are under the jurisdiction of the State health agency. It should be constantly borne in mind, that nowhere in this article do the figures quoted represent the total resources for medical and nursing care available for mothers and children. In addition to care paid for entirely by the patient, there are private agencies and public agencies other than the health departments which also have important contributions to make to the

health care of the population. The data discussed here are only those recorded by the State health departments. The local areas report activities of their personnel according to the definitions and conventions of the Tabulation of Health Department Services, 2/ and in each State health department office these local reports are consolidated and sent to the Children's Bureau as quarterly reports for the State.

Although the reporting procedure is limited to activities administered or supervised by the State health agency, differing interpretations and uses of this phrase are responsible for many inequalities from State to State. Because of actual differences either in the laws or in voluntary agreements, some State health departments include as under their jurisdiction health services in cities, and other State agencies have no supervision in the cities. Probably the most common pattern is that in which the larger cities have separate and independent health departments while the rest of the urban areas, including the smaller cities, and some of the rural parts of the State, are served by local organizations supervised by the State health department. The relation of the

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1/ As used in this article the term "States" includes the District of Columbia, Alaska, Hawaii, and Puerto Rico.

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2/ Tabulation of Health Department Services. Reprint 1768 from Public Health Reports, Vol. 51, No. 36 (Sept. 4, 1936).

State official health agency to other official agencies, to voluntary agencies, and to local personnel varies very widely from State to State as well as from one part of a State to another. Moreover, services are not uniformly provided or reported in areas which are under the jurisdiction of the State health department.

In other words, these data do not present complete records of the care of mothers and children provided by State health departments, much less that provided by other agencies. Because the data from each State are composed of reports made by many individuals, they show all the variability inherent in this method of obtaining data.

The basic units of count in these State reports are "admissions to service" and "visits." By agreement of the State and Territorial Health Officers, the United States Public Health Service, and the United States Children's Bureau, certain definitions for various counts of service were adopted in 1936. <sup>3/</sup> According to this agreement the counts are made on a calendar-year basis, so that the first visit during a calendar year is counted as an admission and a visit, and the admissions represent persons served per year.

If the admissions to service are counted in this way, there should be, of course, at least as many visits as admissions and more admissions in the first quarter of the calendar year than in the later quarters for all services where repeated visits are made. Study of the quarterly figures

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<sup>3/</sup> Id.

shows, however, that many States apparently have not interpreted the instructions correctly. In the records of only 22 States were the admissions for the first quarter sufficiently larger than subsequent quarters to fulfill these requirements. That is, 30 States apparently did not follow the conventional definition of admissions.

The "admissions" according to the definition stated above, represent the number of persons given a particular kind of care during the calendar year. The count of visits gives the number of times during the year that such care was given to those persons. The ratio of visits to admissions will then give the average number of services of a particular kind per person per year. Of more interest for types of care continuing over a limited period would be some method of measuring the amount of service provided per person for the entire time covered by the particular service, regardless of the convention imposed by calendar years. The ratio of visits to admissions would be a method of approximating this measure, but this ratio will always underestimate the number of visits per case on a particular service. According to the definition of admissions all cases receiving service during a calendar year are counted. However, not all visits to these cases are counted since there would be a number of visits given in the preceding year to the carry-over cases, and a similar number of visits in the following year to cases which will be carried over to that year. Consequently, the average number of visits per case will be higher than the average number of visits per admissions.

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The quarterly reports received by the Children's Bureau do afford material for estimating the correct number of visits per case. The way in which this may be accomplished for antepartum medical services is shown by the following illustration, based on data for 1939 and 1940. The apparent number of cases "carried over" may be taken as the excess of the number of admissions in the first quarter over the average of the admissions for the last quarter in the previous year and the second quarter of the current year. This is shown in table 1. All the States that did not report more admissions in the first quarter of 1940 than in later quarters were

excluded, since they apparently have misinterpreted the instructions. This calculation of the "carry-overs" is, therefore, based on records from 22 States.

This table shows for these 22 States that there probably were approximately 6,923 individuals who were admitted to antepartum medical service for the first time in 1939 but whose care was not completed during that year and who were readmitted during 1940. The total number of admissions reported in 1940 was 64,711. With the 6,923 carry-overs deducted the number of new cases admitted to antepartum service was 57,788.

Table 1.--Antepartum medical service in 22 States, 1940

State	Admissions				New cases (estimated)	1940 total visits	Visits per admission	Visits per case (estimated)
	First quarter 1940	Average fourth quarter 1939 second quarter 1940	Excess of first quarter over average	1940 total				
22 States.....	20,328	13,405	6,923	64,711	57,788	221,332	3.4	3.8
Alabama.....	2,517	1,646	871	8,600	7,729	26,393	3.1	3.4
Alaska.....	28	4	24	48	24	158	3.3	6.6
Arizona.....	364	226	138	1,227	1,089	3,913	3.2	3.6
Colorado.....	211	158	53	707	654	2,341	3.3	3.6
Delaware.....	50	28	22	182	160	414	2.3	2.6
District of Columbia....	1,841	1,011	830	5,108	4,278	23,257	4.6	5.4
Georgia.....	4,641	3,638	1,003	16,595	15,592	52,798	3.2	3.4
Hawaii.....	1,041	533	508	2,635	2,127	9,695	3.7	4.6
Kansas.....	294	184	110	757	647	3,800	5.0	5.9
Kentucky.....	2,939	1,732	1,207	9,223	8,016	28,404	3.1	3.5
Louisiana.....	506	307	199	1,677	1,478	5,995	3.6	4.1
Maryland.....	791	531	260	2,473	2,213	5,026	2.0	2.3
Minnesota.....	156	112	44	447	403	1,647	3.7	4.1
Missouri.....	458	218	240	1,269	1,029	3,808	3.0	3.7
New Hampshire.....	16	15	1	44	43	98	2.2	2.3
New York.....	2,671	1,793	878	7,684	6,806	35,182	4.6	5.2
Oklahoma.....	279	198	81	960	879	2,035	2.1	2.3
Oregon.....	82	51	31	214	183	653	3.1	3.6
South Dakota.....	31	27	4	93	89	257	2.8	2.9
Texas.....	871	608	263	2,855	2,592	11,083	3.9	4.3
Utah.....	165	87	78	583	505	1,478	2.5	2.9
West Virginia.....	376	298	78	1,330	1,252	2,897	2.2	2.3

The total number of visits reported for the 22 States was 221,332. Among these visits there were some given to the 6,923 cases carried over from 1939. But there will be a similar number of women at the end of 1940 who will receive a corresponding number of visits in 1941. Consequently, the ratio of total visits (221,332) to total new cases (57,788) gives the approximate number of visits per case. This figure, 3.8, is 12 percent higher than the 3.4 which represents the number of visits per admission.

This discussion has indicated the use of the counts reported as a measure of the amount of service provided per case. Obviously, one would also like to know how many of the people who needed health care actually got it through the State health departments. There is no way of knowing this exactly. Actually one would wish to know the total number of pregnant women who because of financial or other reasons are not able to provide care for themselves. These data are not available but if one assumes that a certain proportion of all pregnant women fall into the category of requiring care from public-health agencies, then the resident births may be used as an approximation to the population wanted. These birth data have other shortcomings, since they do not include pregnancies that terminate in abortions or stillbirths. In view of the lack of more exact statistics, the ratio of admissions to resident births, admittedly crude as it is, nevertheless is the best available measure of the extent of service.

If the ratio of admissions to total resident births is used, the figure obtained will be too

small an index of extent of service because care given in parts of States (especially the larger cities) will not be represented in the count of admissions whereas the count of births is complete for each State. 4/

If, on the other hand, the ratio of admissions to rural residents births is used, the index obtained will be too high since services in some urban areas will be included in the service counts but the births for these areas are excluded. The true proportion of the population needing care that actually received it under the supervision of the State health departments lies somewhere between these limits.

The actual counts of service reported are given for the individual States in the appendix tables. The discussion which follows is based on them.

#### Antepartum Medical Service.

Of the 52 States reporting to the Children's Bureau, 4 (Connecticut, Massachusetts, North Dakota, and Vermont) did not provide antepartum medical service under the jurisdiction of the State health departments. The other 48 reported a total of 146,252 persons given this service during the calendar year 1940.

If the ratio of admissions to resident births is used to measure the extent of the services provided, it is necessary to deduct from this count

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4/ The figures used for resident births are for the year 1938, which are the latest figures available. Vital Statistics of the United States, 1938, pt.II. The figures for individual States vary so little from year to year that no gross error is introduced by using births for a year different from that for which activities are reported.

of admissions those reported from the Territories of Alaska, Hawaii, and Puerto Rico, because the data on resident births are not available for these areas. The total admissions from the remaining 45 States were 127,894, the total resident births 2,182,684, and the rural resident births 1,270,607. The resulting ratios indicate that between 6 and 10 per cent of the potential patients were given care by agencies supervised by the State Health Departments of the several States.

The 48 States that provided antepartum-medical-conference service reported 434,262 visits for the year 1940. This is an average of 3.0 visits per admission per year. If the correction factor for service per person is considered to apply to all States, it seems probable that the ratio of 3.0 visits per admission would be about 12 percent too low and that the average number of visits per expectant mother to the health-department conferences would be about 3.4.

The individual States varied widely in the extent to which they furnished antepartum medical care to those who need it. It will be seen from table 2 and chart 1 that the District of Columbia recorded service in 1940 to a number equal to almost half of the expectant mothers residing there. In slightly more than one-fifth of the States the number of expectant mothers receiving medical service was equal to at least 10 per cent of the resident births.

When the births occurring to women in the rural areas of the States are used as the measure of the extent of service instead of the births to residents of the entire State, the more urban States

show the greater differences, as would be expected.

Several of the predominantly rural States show very little change between the two ratios.

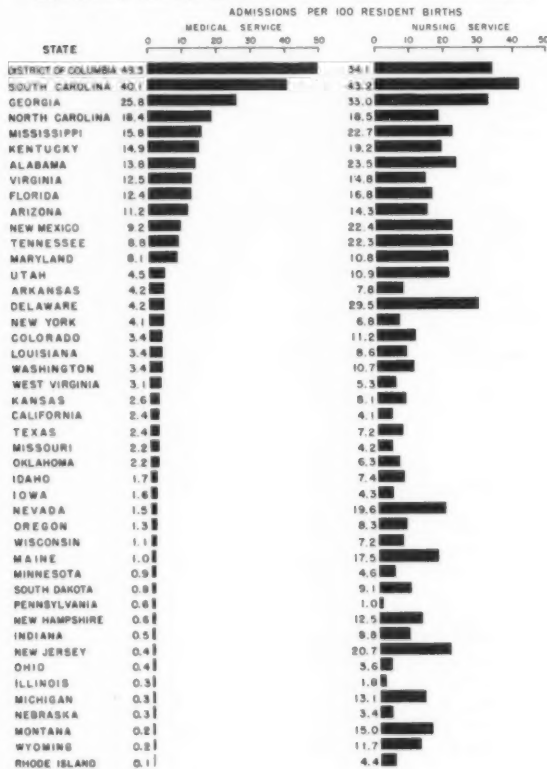
Table 2.--Extent of antepartum medical service in 45 States, 1940

State	Admissions per 100 total resident births <sup>a</sup>	Admissions per 100 rural resident births <sup>a</sup>
45 States.....	5.9	10.1
Alabama.....	13.8	17.5
Arizona.....	11.2	16.3
Arkansas.....	4.2	4.8
California.....	2.4	5.8
Colorado.....	3.4	5.8
Delaware.....	4.2	7.3
District of Columbia.....	49.3	.....
Florida.....	12.4	19.3
Georgia.....	25.8	33.5
Idaho.....	1.7	1.9
Illinois.....	0.3	1.0
Indiana.....	0.5	0.9
Iowa.....	1.6	2.3
Kansas.....	2.6	3.8
Kentucky.....	14.9	18.3
Louisiana.....	3.4	4.7
Maine.....	1.0	1.3
Maryland.....	8.1	16.7
Michigan.....	0.3	0.8
Minnesota.....	0.9	1.4
Mississippi.....	15.8	17.5
Missouri.....	2.2	3.7
Montana.....	0.2	0.3
Nebraska.....	0.3	0.4
Nevada.....	1.5	1.8
New Hampshire.....	0.6	1.1
New Jersey.....	0.4	1.3
New Mexico.....	9.2	10.8
New York.....	4.1	17.5
North Carolina.....	18.4	21.9
Ohio.....	0.4	0.9
Oklahoma.....	2.2	2.9
Oregon.....	1.3	2.0
Pennsylvania.....	0.6	1.3
Rhode Island.....	0.1	0.5
South Carolina.....	40.1	46.5
South Dakota.....	0.8	0.9
Tennessee.....	8.8	11.9
Texas.....	2.4	3.5
Utah.....	4.5	6.8
Virginia.....	12.5	15.7
Washington.....	3.4	6.4
West Virginia.....	3.1	3.8
Wisconsin.....	1.1	2.0
Wyoming.....	0.2	0.2

<sup>a</sup> Data for resident births are for 1938.

The largest number of visits per admission (5 or more) was reported in Michigan, Nebraska, Kansas, and Montana. If the correction factor already discussed is applied, these States record

Chart 1.—NUMBER OF ADMISSIONS TO ANTEPARTUM MEDICAL AND NURSING SERVICES DURING 1940 PER 100 RESIDENT BIRTHS DURING 1938 IN 45 STATES



from 5.6 to more than 6 visits per person during the antepartum period. Wisconsin and Wyoming appeared to provide the smallest number—1.2 visits per admission or 1.3 visits per case. The ratios per admission are given for individual States in appendix table A.

#### Postpartum Medical Services.

There are 45 States that report medical examinations for postpartum patients. The total number of women so examined was 34,702. This service

represents a single examination for each person.

It is of interest, however, to compare the number of postpartum cases with the number of admissions to antepartum medical care. There are 44 States that reported both postpartum and antepartum services. They reported 144,958 admissions to antepartum medical service and 34,690 postpartum medical examinations given. That is, postpartum examinations were given to only about a quarter as many women as were admitted to antepartum service.

This does not necessarily mean that all the postpartum cases examined had previously been given antepartum service during the calendar year. For example, Indiana and Montana reported more postpartum examinations than admissions to antepartum service. The percentages varied from 106 for Indiana to 2.3 for South Carolina. Sixteen States reported that more than half as many women were given postpartum medical examinations as were given antepartum care during 1940. Appendix table A shows the data for the individual States.

#### Antepartum Nursing Service.

All 52 States reported antepartum nursing service. A total of 257,900 individuals were given care during 1940. The admissions to this health service for the 49 States for which figures for resident births are available totaled 238,878, or an average of 10.5 percent of all the births were given nursing care before delivery. This same number of admissions represents 18.3 percent of the rural resident births. So that it may be fair to assume that health department nursing service was used by from 10 to 18 percent of the individuals who might be in need of this type of care.

The 52 States reported 722,831 visits for antepartum nursing service or an average of 2.8 visits per admission. If the same line of argument presented in the introduction is followed but data for antepartum nursing are used, visits per admission to nursing service are shown to underestimate

the number of visits per woman cared for during the antepartum period by about 10 percent (table 3). For the 36 States where the quarterly counts of admissions follow the accepted pattern, the ratio of visits per admission was 3.0 and of visits per case, 3.3. The ratio of 2.8 visits per admission

Table 3.--Antepartum nursing service in 36 States, 1940

State	Admissions			1940 total	New cases (estimated)	1940 total visits	Visits per admission	Visits per case (estimated)
	First quarter 1940	Average fourth quarter 1939 second quarter 1940	Excess of first quarter over average					
36 States.....	51,113	34,966	16,147	158,883	142,736	475,800	3.0	3.3
Alabama.....	4,673	3,375	1,298	14,602	13,304	36,148	2.5	2.7
Alaska.....	117	63	54	332	278	939	2.8	3.4
Arizona.....	403	322	81	1,569	1,488	5,637	3.6	3.8
Arkansas.....	858	660	198	2,916	2,718	6,955	2.4	2.6
California.....	1,255	1,010	245	4,226	3,981	11,446	2.7	2.9
Colorado.....	834	506	328	2,293	1,965	7,373	3.2	3.8
Connecticut.....	188	117	71	501	430	1,312	2.6	3.1
Delaware.....	369	268	101	1,290	1,189	2,819	2.2	2.4
District of Columbia....	1,227	741	486	3,534	3,048	15,221	4.3	5.0
Florida.....	1,513	1,126	387	5,228	4,841	13,526	2.6	2.8
Georgia.....	6,123	4,528	1,595	21,216	19,621	77,098	3.6	3.9
Hawaii.....	1,104	571	533	2,918	2,385	9,944	3.4	4.2
Idaho.....	271	240	31	842	811	2,779	3.3	3.4
Kansas.....	758	505	253	2,402	2,149	7,413	3.1	3.4
Kentucky.....	3,456	2,602	854	11,876	11,022	29,216	2.5	2.7
Louisiana.....	1,335	937	398	4,205	3,807	11,299	2.7	3.0
Maine.....	910	636	274	2,670	2,396	5,025	1.9	2.1
Maryland.....	1,145	793	352	3,295	2,943	8,791	2.7	3.0
Minnesota.....	720	545	175	2,286	2,111	4,852	2.1	2.3
Mississippi.....	3,721	2,662	1,059	12,221	11,162	28,862	2.4	2.6
Montana.....	482	305	177	1,611	1,434	3,695	2.3	2.6
Nebraska.....	206	175	31	754	723	1,885	2.5	2.6
Nevada.....	125	80	45	381	336	1,079	2.8	3.2
New Hampshire.....	357	206	151	962	811	3,662	3.8	4.5
New Jersey.....	5,101	2,128	2,973	11,806	8,833	49,613	4.2	5.6
New Mexico.....	984	725	259	3,202	2,943	7,524	2.3	2.6
New York.....	4,434	2,732	1,702	12,946	11,244	52,802	4.1	4.7
North Carolina.....	4,639	3,580	1,059	14,795	13,736	41,351	2.8	3.0
North Dakota.....	443	354	89	1,233	1,144	2,796	2.3	2.4
Oklahoma.....	848	595	253	2,781	2,528	6,773	2.4	2.7
Oregon.....	423	274	149	1,336	1,187	3,547	2.7	3.0
Rhode Island.....	151	105	46	463	417	932	2.0	2.2
South Dakota.....	291	276	15	1,090	1,075	3,194	2.9	3.0
Vermont.....	164	102	62	528	466	1,619	3.1	3.5
Wisconsin.....	1,247	968	279	3,982	3,703	7,433	1.9	2.0
Wyoming.....	238	154	84	591	507	1,240	2.1	2.4

for the 52 States probably means therefore about 3.1 nursing visits for each expectant mother cared for.

The reports indicate that South Carolina gave antepartum nursing service to a larger proportion of pregnant women than did any other State and that Massachusetts gave this service to the lowest proportion. These ratios are shown in table 4 and on chart 1 which also shows similar data for medical service.

This chart shows some interesting relations between the medical and nursing services furnished during the antepartum period. Some States, such as the District of Columbia, South Carolina, and Georgia, actually gave both services to a comparatively large proportion of the pregnant women. In other States such as Delaware, Indiana, and New Jersey, the relatively small amount of medical care was somewhat compensated for by a more than average extensive nursing service. And, of course, other States were low in both types of prenatal care provided through State health departments.

The States showed somewhat less variation in the amount of nursing service per admission than was shown for the corresponding medical service. The range of visits per admission for the antepartum nursing service was from 4.3 for the District of Columbia to 1.7 for South Carolina. There were 7 States that gave approximately 4.0 visits per admission and, therefore, nearly 4.5 visits per case. Seven States recorded 2 or less visits per admission.

The ratios per admission are shown in appendix table A.

### Nursing Service at Delivery.

Home-delivery-nursing service was reported

Table 4.--Extent of antepartum nursing service in 49 States, 1940

State	Admissions per 100 total resident births <sup>a</sup>	Admissions per 100 rural resident births <sup>a</sup>
49 States.....	10.5	18.3
Alabama.....	23.5	29.7
Arizona.....	14.3	20.9
Arkansas.....	7.8	8.9
California.....	4.1	10.1
Colorado.....	11.2	18.7
Connecticut.....	2.1	6.2
Delaware.....	29.5	51.6
District of Columbia.....	34.1	.....
Florida.....	16.8	26.2
Georgia.....	33.0	42.8
Idaho.....	7.4	8.2
Illinois.....	1.8	5.0
Indiana.....	8.8	16.6
Iowa.....	4.3	6.1
Kansas.....	8.1	12.0
Kentucky.....	19.2	23.6
Louisiana.....	8.6	11.8
Maine.....	17.5	23.8
Maryland.....	10.8	22.2
Massachusetts.....	0.2	1.2
Michigan.....	13.1	30.6
Minnesota.....	4.6	7.1
Mississippi.....	22.7	25.1
Missouri.....	4.2	7.0
Montana.....	15.0	20.1
Nebraska.....	3.4	4.7
Nevada.....	19.6	23.8
New Hampshire.....	12.5	23.9
New Jersey.....	20.7	62.3
New Mexico.....	22.4	26.2
New York.....	6.8	29.4
North Carolina.....	18.5	22.1
North Dakota.....	9.6	11.1
Ohio.....	3.6	8.4
Oklahoma.....	6.3	8.3
Oregon.....	8.3	12.7
Pennsylvania.....	1.0	2.0
Rhode Island.....	4.4	32.5
South Carolina.....	43.2	50.1
South Dakota.....	9.1	10.8
Tennessee.....	22.3	30.0
Texas.....	7.2	10.8
Utah.....	10.9	16.4
Vermont.....	8.2	9.7
Virginia.....	14.8	18.6
Washington.....	10.7	19.8
West Virginia.....	5.3	6.4
Wisconsin.....	7.2	12.5
Wyoming.....	11.7	14.1

<sup>a</sup>Data for resident births are for 1938.

given to 18,319 women in 47 States. The number of women delivered elsewhere than in hospitals may be used to measure the size of the problem since they will all need some kind of home nursing care. Therefore the number of births occurring at home was related to the number of women given home-delivery-nursing service. These data are not available for all 47 of the States that report home-delivery-nursing service. But there are 45 States for which both cases and home deliveries are available. In these 45 States of 1,021,205 women delivered at home, 18,287 women (1.8 percent) were given nursing service by health departments. If the home deliveries in rural areas are used as the measure of the extent of the problem, then 2.2 percent of the 830,146 home deliveries in rural areas received nursing service through the State health departments.

The States varied in the percentage of women delivered at home who received nursing service from 13.4 percent in New Jersey, to 0.1 percent in Arkansas, Missouri, Texas, and Wisconsin. Half the States provided this type of care to 1.5 percent or more of the women delivered at home. These ratios are shown in table 5.

#### Postpartum Nursing Service.

Since New Jersey was the only State that does not report this type of care under health department jurisdiction, there were 51 reporting areas which recorded a total of 190,434 women given such care during 1940. When these admissions are related to the admissions to antepartum nursing service for the same States (246,094), a ratio of 77.4 percent is obtained.

The postpartum nursing service, unlike the postpartum medical service, continues over a period of time, defined in the Tabulation of Health Department Services as 6 weeks. Therefore, the added

**Table 5.--Extent of home-delivery-nursing service in 45 States, 1940**

State	Cases per 100 total home deliveries <sup>a</sup>	Cases per 100 rural home deliveries <sup>a</sup>
45 States.....	1.8	2.2
Alabama.....	0.9	1.0
Arizona.....	2.7	3.3
Arkansas.....	0.1	0.1
California.....	4.8	8.3
Colorado.....	9.5	12.3
Connecticut.....	1.7	4.2
Florida.....	0.6	0.8
Georgia.....	0.8	0.9
Idaho.....	4.8	4.9
Illinois.....	1.7	2.5
Indiana.....	4.0	5.8
Iowa.....	1.1	1.3
Kansas.....	3.1	3.9
Kentucky.....	4.9	5.4
Louisiana.....	0.5	0.5
Maine.....	0.9	1.0
Maryland.....	2.5	3.8
Massachusetts.....	0.8	3.3
Michigan.....	1.9	3.2
Minnesota.....	0.7	0.8
Mississippi.....	0.6	0.7
Missouri.....	0.1	0.1
Montana.....	4.6	4.8
Nebraska.....	0.8	0.9
Nevada.....	7.5	7.9
New Hampshire.....	2.3	3.8
New Jersey.....	13.4	28.6
New Mexico.....	0.4	0.4
New York.....	5.9	11.4
North Carolina.....	0.7	0.8
North Dakota.....	0.6	0.7
Ohio.....	0.7	1.0
Oklahoma.....	0.9	1.1
Oregon.....	1.5	1.6
South Carolina.....	0.6	0.6
South Dakota.....	3.1	3.4
Tennessee.....	4.3	4.9
Texas.....	0.1	0.1
Utah.....	1.5	1.7
Vermont.....	8.5	9.4
Virginia.....	2.3	2.6
Washington.....	1.6	2.1
West Virginia.....	0.4	0.5
Wisconsin.....	0.1	0.1
Wyoming.....	1.0	1.1

<sup>a</sup> Data for home deliveries are for 1939.

count of number of visits is available for this service. The 51 reporting areas showed a total of 478,086 visits or an average of 2.5 visits per admission.

The variation from State to State in the proportion of the antepartum cases that received postpartum nursing care is extreme.

These ratios are shown in appendix table A. Six States apparently gave more postpartum than antepartum nursing care. In 6 States the number of women who received postpartum care was 90 to 100 percent of the number admitted to antepartum care. Only 3 States, Puerto Rico, Nevada, and South Carolina, reported postpartum care for less than half the number of antepartum admissions.

The average number of visits made by the nurses to each woman admitted during the year varies from 7.9 in Kansas to 1.0 in Rhode Island. About half the States provide more than 2.4 visits per admission during the year (see appendix table A).

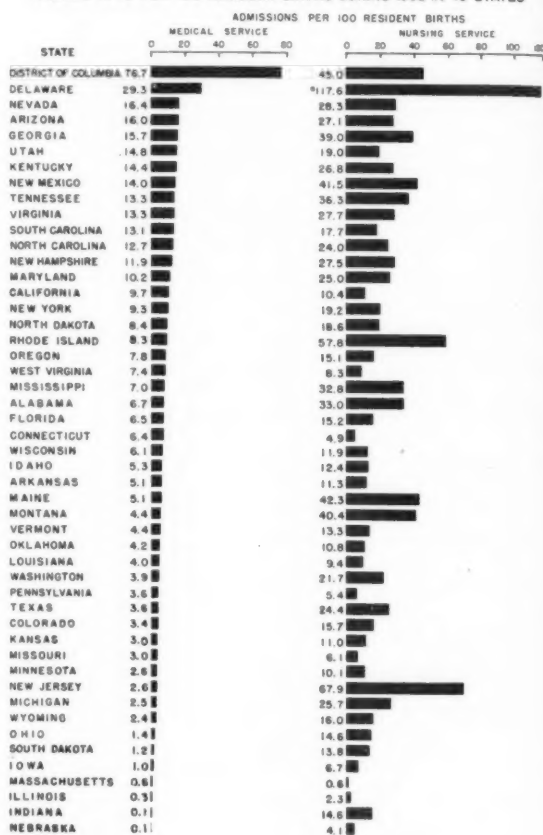
#### Infant Medical Service.

All 52 States reported infant medical services for 1940 to 174,840 individuals. For the 49 areas for which resident births are available, there were 147,850 admissions. If the total resident births (2,286,962) and the rural resident births (1,307,406) are again used to indicate the limits of the problem, the reports indicate that about 6.5 percent of the total births and 11.3 percent of the rural births did get infant medical supervision by the health departments.

There were 515,285 visits reported to these 174,840 individuals or an average of 2.9 visits per admission per year.

The States showed a range in the ratio of admissions for medical service to resident births of from 76.7 percent for the District of Columbia to 0.1 for Indiana and Nebraska. There were 14 States that reported infant medical services for 10 per-

Chart 2.—NUMBER OF ADMISSIONS TO INFANT MEDICAL AND NURSING SERVICES DURING 1940 PER 100 RESIDENT BIRTHS DURING 1938 IN 49 STATES



\* APPARENT ERROR

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cent or more of the total resident births. These ratios are shown in table 6 and chart 2.

Table 6.--Extent of infant medical service in 49 States, 1940

State	Admissions per 100 total resident births <sup>a</sup>	Admissions per 100 rural resident births <sup>a</sup>
49 States.....	6.5	11.3
Alabama.....	6.7	8.5
Arizona.....	16.0	23.2
Arkansas.....	5.1	5.7
California.....	9.7	23.8
Colorado.....	3.4	5.6
Connecticut.....	6.4	18.9
Delaware.....	29.3	51.3
District of Columbia.....	76.7	.....
Florida.....	6.5	10.1
Georgia.....	15.7	20.3
Idaho.....	5.3	5.8
Illinois.....	0.3	1.0
Indiana.....	0.1	0.2
Iowa.....	1.0	1.4
Kansas.....	3.0	4.4
Kentucky.....	14.4	17.8
Louisiana.....	4.0	5.5
Maine.....	5.1	6.9
Maryland.....	10.2	21.0
Massachusetts.....	0.6	2.8
Michigan.....	2.5	5.9
Minnesota.....	2.6	4.1
Mississippi.....	7.0	7.7
Missouri.....	3.0	5.1
Montana.....	4.4	6.0
Nebraska.....	0.1	0.2
Nevada.....	16.4	19.9
New Hampshire.....	11.9	22.7
New Jersey.....	2.6	7.9
New Mexico.....	14.0	16.4
New York.....	9.3	39.9
North Carolina.....	12.7	15.1
North Dakota.....	8.4	9.7
Ohio.....	1.4	3.2
Oklahoma.....	4.2	5.5
Oregon.....	7.8	12.0
Pennsylvania.....	3.6	7.5
Rhode Island.....	8.3	61.3
South Carolina.....	13.1	15.2
South Dakota.....	1.2	1.4
Tennessee.....	13.3	17.9
Texas.....	3.6	5.4
Utah.....	14.8	22.4
Vermont.....	4.4	5.2
Virginia.....	13.3	16.7
Washington.....	3.9	7.1
West Virginia.....	7.4	9.0
Wisconsin.....	6.1	10.5
Wyoming.....	2.4	2.8

<sup>a</sup> Data for resident births are for 1938.

The ratio of admissions to visits for the 52 States varied from 6.0 visits per admission in Pennsylvania to 1 visit per admission in Maine, Massachusetts, and North Dakota. Thirteen States provided 3 or more visits per child during the year. Appendix table B shows the ratios for each State.

#### Preschool Medical Service.

This service was reported from 51 States with a total volume of 298,781 individuals admitted for the year. Services for the preschool child, according to the definitions in the Tabulation of Health Department Services, extend from the time the child is 1 year old until he is 6 years of age. Data from the 1940 census are not yet available by single years of age, so that no exact population base for this age group can be determined. As an approximation, however, the population under 5 years of age has been used to indicate the theoretical extent of the problem. This age group of the population is not available for Alaska, Hawaii, and Puerto Rico, but for the remaining States there were 10,493,589 children under 5 years of age. Thus, the admissions reported for these States (279,660) represent 2.7 percent of the population of children under 5 years of age.

There were 573,825 visits to preschool conferences reported from the 51 States giving a ratio of 1.9 visits per admission per year.

For the 48 States for which both admissions and population under 5 years are available, the extent of the preschool medical service varied from 215.5 (District of Columbia) to 1.8 (Iowa) ad-

missions for each 1,000 of the population under 5 years. These data are shown in table 7.

Table 7.—Extent of preschool medical service in 48 States, 1940

State	Admissions per 1,000 1940 population under 5 years of age
48 States.....	26.7
Alabama.....	37.6
Arizona.....	22.6
Arkansas.....	28.3
California.....	34.1
Colorado.....	13.6
Connecticut.....	39.3
Delaware.....	121.9
District of Columbia.....	215.5
Florida.....	18.2
Georgia.....	42.4
Idaho.....	38.4
Illinois.....	2.2
Indiana.....	5.3
Iowa.....	1.8
Kansas.....	27.8
Kentucky.....	53.9
Louisiana.....	14.8
Maine.....	46.5
Maryland.....	77.3
Massachusetts.....	9.7
Michigan.....	20.4
Minnesota.....	12.4
Mississippi.....	39.3
Missouri.....	7.3
Montana.....	29.0
Nevada.....	71.5
New Hampshire.....	74.0
New Jersey.....	2.4
New Mexico.....	68.0
New York.....	21.8
North Carolina.....	61.1
North Dakota.....	97.1
Ohio.....	10.1
Oklahoma.....	26.3
Oregon.....	40.9
Pennsylvania.....	3.5
Rhode Island.....	5.2
South Carolina.....	29.7
South Dakota.....	9.0
Tennessee.....	58.3
Texas.....	10.4
Utah.....	64.7
Vermont.....	49.0
Virginia.....	46.4
Washington.....	30.1
West Virginia.....	69.3
Wisconsin.....	34.0
Wyoming.....	6.4

The visits per admission varied from 10.9 reported from Pennsylvania to 1.0 from Maine, Massachusetts, and North Dakota. Twenty-three States reported 2 or more visits per child per year. Appendix table B shows these averages for each State.

Dental Inspections.

For the 46 States reporting dental inspections of preschool children, a total of 64,721 inspections was reported. Inspections for school children were reported from 48 States, totaling 1,160,372 inspections. There is a decided lack of uniformity in the understanding of what constitutes a dental inspection, with the result that the figures reported by the States seem too unreliable to use in calculating any index or ratio. The inspections reported from each State are, however, included in appendix table B.

Infant Nursing Service.

A total of 449,798 admissions to this service was recorded from the 52 reporting areas. For the 49 areas for which resident birth data are available 430,204 admissions were reported. Again with the total resident births and the resident births from rural areas as the upper and lower limits of the problem, ratios of 18.8 percent and 32.9 percent respectively are obtained. That is, health department nurses actually saw during 1940 about 20 percent of the infants.

There were 1,452,049 visits for infant nursing service reported from all the areas. This gives a crude ratio of 3.2 visits per admission.

The individual States, of course, show extreme variations in the extent to which the infant

nursing service by the health departments may be said to meet the problem if this is measured by the number of births. Chart 2 and table 8 show these extremes. Except for Delaware 5/ the highest ratio of admissions to resident births was in New Jersey and the lowest, in Massachusetts. Chart 2 also shows how the nursing service supplements, and in some States complements, the medical service for infants. For example, New Jersey reported infant medical service to only 2.6 percent of the births, but the nursing service reached 67.9 percent of the births.

The ratio of visits per admission showed somewhat less extreme variation for this service than for many others. New Jersey reported the most intensive service, 5.9 visits for each infant admitted during the year. There were two other areas, Alaska and Puerto Rico that reported over 5 visits per admission per year. Wisconsin reported the lowest ratio, 1.9 visits per admission. Approximately half the States reported three or more visits during the year for each admission.

The ratios are given for each State in appendix table B.

#### Preschool Nursing Service.

The 52 States reported a total of 523,582 individuals admitted to preschool nursing service. For the 49 States for which the population under 5 years of age is available, there were 504,728 admissions to service or a ratio of 4.8 percent of the approximate population involved.

There were 1,226,628 visits for preschool

Table 8.--Extent of infant nursing service in 49 States, 1940

State	Admissions per 100 total resident births <sup>a</sup>	Admissions per 100 rural resident births <sup>a</sup>
49 States.....	18.8	32.9
Alabama.....	33.0	41.7
Arizona.....	27.1	39.5
Arkansas.....	11.3	12.8
California.....	10.4	25.4
Colorado.....	15.7	26.3
Connecticut.....	4.9	14.4
Delaware.....	117.6	205.8
District of Columbia.....	45.0	.....
Florida.....	15.2	23.6
Georgia.....	39.0	50.7
Idaho.....	12.4	13.6
Illinois.....	2.3	6.2
Indiana.....	14.6	27.4
Iowa.....	6.7	9.5
Kansas.....	11.0	16.3
Kentucky.....	26.8	33.0
Louisiana.....	9.4	12.9
Maine.....	42.3	57.6
Maryland.....	25.0	51.4
Massachusetts.....	0.6	2.8
Michigan.....	25.7	60.3
Minnesota.....	10.1	15.8
Mississippi.....	32.8	36.3
Missouri.....	6.1	10.2
Montana.....	40.4	54.3
Nebraska.....	4.1	5.6
Nevada.....	28.3	34.4
New Hampshire.....	27.5	52.4
New Jersey.....	67.9	204.3
New Mexico.....	41.5	48.6
New York.....	19.2	82.4
North Carolina.....	24.0	28.6
North Dakota.....	18.6	21.5
Ohio.....	14.6	34.4
Oklahoma.....	10.8	14.3
Oregon.....	15.1	23.0
Pennsylvania.....	5.4	11.1
Rhode Island.....	57.8	425.0
South Carolina.....	17.7	20.5
South Dakota.....	13.8	16.4
Tennessee.....	36.3	49.0
Texas.....	24.4	36.5
Utah.....	19.0	28.7
Vermont.....	13.3	15.7
Virginia.....	27.7	35.0
Washington.....	21.7	40.0
West Virginia.....	8.3	10.0
Wisconsin.....	11.9	20.6
Wyoming.....	16.0	19.3

<sup>a</sup> Data for resident births are for 1938.

nursing service reported which gives a ratio of 2.3 visits per admission.

5/ The rate for Delaware (117.6) indicates an apparent error in reporting admissions.

Table 9.--Extent of preschool nursing service in 49 States, 1940

State	Admissions per 1,000 1940 population under 5 years of age
49 States.....	47.6
Alabama.....	52.1
Arizona.....	39.5
Arkansas.....	35.7
California.....	21.4
Colorado.....	36.9
Connecticut.....	28.1
Delaware.....	169.6
District of Columbia.....	90.7
Florida.....	36.2
Georgia.....	73.3
Idaho.....	27.4
Illinois.....	1.5
Indiana.....	33.2
Iowa.....	11.0
Kansas.....	18.0
Kentucky.....	88.1
Louisiana.....	19.6
Maine.....	178.2
Maryland.....	43.4
Massachusetts.....	3.2
Michigan.....	76.0
Minnesota.....	27.0
Mississippi.....	143.7
Missouri.....	9.9
Montana.....	123.3
Nebraska.....	8.6
Nevada.....	81.2
New Hampshire.....	84.6
New Jersey.....	284.0
New Mexico.....	135.5
New York.....	51.6
North Carolina.....	42.8
North Dakota.....	56.2
Ohio.....	29.2
Oklahoma.....	44.5
Oregon.....	49.6
Pennsylvania.....	3.4
Rhode Island.....	273.7
South Carolina.....	33.6
South Dakota.....	38.0
Tennessee.....	109.9
Texas.....	32.4
Utah.....	26.9
Vermont.....	61.8
Virginia.....	32.0
Washington.....	35.5
West Virginia.....	23.2
Wisconsin.....	33.3
Wyoming.....	22.5

Table 9 shows the individual State's ratios of admissions to population under 5 years of age. The most extensive service was reported by New Jersey with a rate of 284 admissions to nursing service per 1,000 children under 5 years of age. Rhode Island reported 274 admissions per 1,000 children under 5 years and 6 additional States reported rates of more than 100. At the other extreme there are 5 States which showed less than 10 children admitted per 1,000 of the age group under 5 years.

The preschool nursing service provided by the health departments shows even less variation than did the infant nursing service in the number of visits per child served. Utah recorded 4.8 visits for each preschool child admitted and Iowa and Mississippi, 1.5. Approximately half the States reported more than 2.3 visits per admission and 12 States, less than 2.0 visits per admission. These ratios are shown in appendix table B.

#### Services for School Children.

There were 1,608,968 examinations of school children by physicians reported from 47 States. Nursing service to the extent of 1,526,229 visits were made to school children in 51 States.

The administration of the health department's services to school children varies so widely among the States that there is no effective population base on which to measure the service provided. The examinations of school children reported are shown in appendix table B.

APPENDIX TABLE A

MATERNITY SERVICE, CALENDAR YEAR 1940

State	Medical service						Nursing service					
	Antepartum			Postpartum			Antepartum			Postpartum		
	Cases admitted	Visits		Cases examined	Number of cases per hundred antepartum admissions	Cases admitted	Cases given nursing service at delivery	Cases admitted	Number of cases per hundred antepartum admissions	Total	Average per admission	
		Total	Average per admission									
	(D 1)	(D 3)		(D 8)		(D 2)	(D 5.6)	(D 7)	(D 10)	(D 11)		
Total.....	146,252	434,262	3.0	34,702	.....	257,900	722,831	2.8	18,319	190,434	.....	478,066 2.5
<b>Northeastern region:</b>												
Connecticut.....	0	0	.....	0	.....	501	1,312	2.6	47	393	78.4	1.195 2.9
Maine.....	146	567	4.6	133	91.1	2,570	5,025	1.9	76	2,110	79.0	3,765 1.8
Massachusetts.....	0	0	.....	0	.....	144	445	3.4	97	119	82.6	808 6.6
New Hampshire.....	44	96	2.2	42	39.5	952	3,662	1.8	54	605	87.8	1,991 2.4
New Jersey.....	256	710	2.8	0	.....	11,806	49,613	4.2	1,482	0	.....	0
New York.....	7,684	35,182	4.6	4,111	53.5	12,946	52,802	4.1	1,665	12,354	95.4	53,863 4.5
Pennsylvania.....	1,021	4,736	4.6	(b)	.....	1,578	5,683	3.6	(b)	.....	.....	3,746 1.8
Rhode Island.....	7	19	2.7	0	.....	453	932	2.0	0	267	87.7	267 1.0
Vermont.....	0	0	.....	12	.....	528	1,619	3.1	267	423	80.1	2,469 5.9
<b>North Central region:</b>												
Illinois.....	431	791	1.8	307	71.2	2,221	4,601	2.1	596	1,757	79.1	5,400 3.1
Indiana.....	278	568	2.1	296	106.5	5,274	13,928	2.6	1,234	8,100	153.6	27,503 3.4
Iowa.....	661	1,902	2.8	33	4.8	1,804	3,567	1.9	237	1,952	84.2	4,087 2.6
Michigan.....	322	1,871	5.8	205	63.7	12,676	24,827	2.0	757	14,091	111.2	22,748 1.6
Minnesota.....	447	1,547	3.7	154	35.3	2,286	4,858	2.1	131	2,004	89.4	4,021 2.0
Nebraska.....	62	330	5.3	47	76.8	704	1,485	2.5	95	631	83.7	1,319 3.0
North Dakota.....	0	0	.....	0	.....	1,233	2,796	2.3	35	982	79.6	1,900 1.9
Ohio.....	447	91	.....	306	68.5	4,034	10,802	2.7	321	4,846	120.1	11,206 2.3
South Dakota.....	93	257	2.8	46	49.5	1,090	3,194	2.9	175	928	85.1	2,030 2.3
Wisconsin.....	627	726	1.2	16	2.6	3,982	7,433	1.9	14	3,124	78.5	4,853 1.6
<b>Southeastern region:</b>												
Delaware.....	182	414	2.3	118	64.8	1,890	2,819	2.2	0	3,692	266.2	5,102 1.4
Dist. of Col.....	5,108	23,257	4.6	2,320	45.4	3,534	35,221	4.3	0	3,048	86.2	7,476 2.5
Florida.....	3,858	13,153	3.4	879	22.8	5,228	13,526	2.6	119	3,141	60.1	6,948 2.2
Georgia.....	16,595	52,798	3.2	2,897	17.5	21,216	77,058	3.6	384	14,918	70.3	34,666 2.3
Maryland.....	2,473	5,026	2.0	754	30.5	3,295	8,791	2.7	321	3,134	95.1	5,825 1.9
North Carolina.....	14,682	35,119	2.4	2,513	17.1	14,795	41,351	2.8	444	10,994	76.3	26,264 2.4
Puerto Rico.....	15,675	51,528	3.3	1,753	11.2	15,712	50,506	3.2	9	7,275	46.1	9,000 1.2
South Carolina.....	16,537	28,113	1.7	381	2.3	17,826	30,772	1.7	209	4,598	25.8	11,486 2.5
Virginia.....	6,787	23,928	3.5	2,813	41.4	8,051	18,580	2.3	908	4,509	57.2	16,735 3.6
West Virginia.....	1,330	2,897	2.2	334	25.1	2,252	5,525	2.5	154	1,379	61.2	2,672 17.4
<b>Southern region:</b>												
Alabama.....	8,600	26,593	3.1	2,014	23.4	14,602	36,148	2.5	467	9,723	66.6	23,000 2.4
Arkansas.....	1,576	4,799	3.0	626	39.7	2,916	6,955	2.4	42	2,052	70.4	4,737 2.3
Kansas.....	757	3,800	5.0	387	51.3	2,402	7,413	3.1	481	1,701	70.8	13,366 7.9
Kentucky.....	9,223	28,404	3.1	1,982	21.5	11,876	29,216	2.5	2,440	9,105	76.7	18,570 2.1
Louisiana.....	1,677	5,995	3.6	806	48.1	4,209	11,299	2.7	146	3,007	71.5	6,889 2.3
Mississippi.....	8,497	11,903	1.4	1,093	12.9	12,221	28,862	2.4	229	9,528	78.0	18,193 1.9
Missouri.....	1,269	3,808	3.0	492	38.8	2,424	4,966	2.0	35	1,787	73.7	3,362 1.9
Oklahoma.....	960	2,035	2.1	258	26.9	2,781	6,773	2.4	272	2,522	90.7	5,763 2.3
Tennessee.....	4,711	18,115	3.8	1,724	36.6	11,892	35,064	2.9	1,700	9,399	79.0	21,611 2.3
Texas.....	2,895	11,083	3.9	610	21.4	8,735	25,904	3.0	43	8,791	100.6	27,230 3.1
<b>Western region:</b>												
Alaska.....	48	158	3.3	14	29.2	332	939	2.8	23	296	89.2	1,211 4.1
Arizona.....	1,227	3,903	3.2	467	38.1	1,569	5,637	3.6	129	1,178	75.1	3,170 2.7
California.....	2,435	7,582	3.1	1,237	50.8	4,226	11,446	2.7	531	4,097	96.9	11,305 2.8
Colorado.....	707	2,341	3.3	361	51.1	2,293	7,373	3.2	861	2,065	90.1	7,239 3.5
Hawaii.....	2,635	9,695	3.7	1,152	43.7	2,918	9,944	3.4	0	2,636	90.3	9,045 1.4
Idaho.....	194	611	3.1	108	55.7	482	2,779	3.3	237	782	85.7	3,128 4.3
Montana.....	24	121	5.0	25	104.2	1,611	3,695	2.3	133	1,413	87.7	2,803 2.0
Nevada.....	29	75	2.6	18	62.1	381	1,079	2.8	34	169	144.4	815 4.8
New Mexico.....	1,323	2,991	2.3	367	27.7	3,202	7,524	2.3	99	2,219	69.3	4,034 1.8
Oregon.....	214	653	3.1	130	60.7	1,336	3,547	2.7	62	948	71.0	2,687 2.8
Utah.....	583	1,478	2.5	167	28.6	1,469	4,536	3.2	71	916	66.0	2,996 3.3
Washington.....	925	2,499	2.7	190	20.5	2,884	7,085	2.5	73	3,348	116.1	6,495 1.9
Wyoming.....	10	12	1.2	0	.....	591	1,240	2.1	20	481	81.4	1,072 2.2

\*Obvious or apparent error in reporting, or report incomplete.

†Not reported.

Note.—The symbols D 1, D 3, etc., refer to items of the quarterly activities reports, MCB-51.

APPENDIX TABLE B  
INFANT, PRESCHOOL, AND SCHOOL-AGE SERVICES, CALENDAR YEAR 1940

State	Medical service						Dental inspections			Nursing service						School
	Infant			Preschool			Preschool	School	Infant			Preschool				
	Individuals admitted	Visits		Individuals admitted	Visits				Individuals admitted	Visits		Individuals admitted	Visits			
		Total	Average per admission		Total	Average per admission				Total	Average per admission		Total	Average per admission		
	(# 1)	(# 3)		(# 6)	(# 10)		(# 2)	(# 14)	(# 7)	(# 2)	(# 5, 6)	(# 9)	(# 12, 13)		(# 5, 7, 6)	
Total.....	174,840	515,285	2.9	298,781	573,625	1.9	1,608,968	64,721	1,160,372	449,795	1,452,049	3.2	523,582	1,226,628	2.3	1,526,228
Northeastern region:																
Connecticut.....	1,541	3,618	2.3	4,343	9,537	2.2	0	5,658	2,995	3,046	2.6	3,105	5,634	1.8	0	
Maine.....	776	810	1.0	3,282	3,282	1.0	832	1,456	7,983	6,404	15,045	2.3	12,565	27,969	2.2	5,804
Massachusetts.....	336	336	1.0	2,728	2,728	1.0	152	3,043	1,647	340	1,560	4.6	885	2,485	2.8	1,666
New Hampshire.....	915	1,534	1.7	2,695	3,214	1.2	13	111	0	2,112	7,576	3.6	3,034	10,987	3.6	46
New Jersey.....	1,904	6,800	4.5	623	2,975	4.8	0	0	0	38,735	228,219	5.9	72,839	175,502	2.4	78,832
New York.....	17,559	31,712	5.2	18,342	59,606	3.2	0	5,213	1,283	36,222	155,461	4.3	43,397	133,899	3.1	138,850
Pennsylvania.....	6,034	36,198	6.0	2,536	27,563	10.9	245,013	625	18,395	28,404	6,339	2,468	7,624	3.1	30,824	
Rhode Island.....	874	3,078	3.5	241	1,354	5.6	943	0	738	6,095	18,495	3.1	12,609	29,382	2.3	1,221
Vermont.....	284	342	1.2	1,441	2,050	1.4	5,210	1,403	188	861	3,608	6.2	1,815	4,416	2.4	3,110
North Central region:																
Illinois.....	428	918	2.1	1,232	1,942	1.6	16,006	1,457	25,566	2,799	7,752	2.8	835	1,879	2.3	6,494
Indiana.....	50	226	4.5	1,438	5,145	3.6	15,151	1,279	28,156	6,722	34,400	1.9	8,979	19,716	2.2	67,997
Iowa.....	433	836	1.9	366	605	1.7	12,434	137	6,644	2,855	7,238	2.5	2,287	3,535	1.5	20,146
Michigan.....	8,900	4,199	1.7	8,890	10,035	1.1	58,280	1,404	43,568	24,326	51,371	2.1	32,522	62,226	1.9	93,612
Minnesota.....	1,312	3,478	2.7	2,862	5,000	1.7	27,673	1,350	34,097	5,070	12,995	2.5	6,253	10,507	1.7	88,876
Nebraska.....	30	51	1.7	0	0	.....	5,160	2	2	904	3,114	3.4	895	2,115	2.4	4,907
North Dakota.....	1,074	1,074	1.0	5,922	5,922	1.0	0	0	0	2,485	5,973	2.5	3,425	7,574	2.2	10,364
Ohio.....	1,553	3,533	2.3	5,187	10,387	2.0	95,242	1,311	37,387	16,449	33,556	2.0	15,048	35,967	2.4	75,764
South Dakota.....	1,146	361	2.5	1,521	1,095	2.1	3,826	445	3,130	1,660	5,799	3.5	2,810	4,819	2.8	6,368
Wisconsin.....	3,359	4,453	1.3	8,731	10,283	1.2	8,371	44	10,334	6,375	12,684	1.9	6,948	14,346	1.7	20,699
Southeastern region:																
Delaware.....	1,282	6,028	4.7	2,292	3,818	1.7	11,259	1,539	21,423	5,144	15,078	2.9	3,188	6,572	2.7	20,061
Dist. of Col.....	7,956	29,936	3.8	8,725	23,678	2.7	(b)	(b)	4,662	21,336	4,662	4.6	3,671	12,468	3.4	12,204
Florida.....	2,004	4,581	2.3	2,733	6,061	2.2	42,285	313	17,311	4,717	12,707	2.7	5,439	14,343	2.6	22,512
Georgia.....	10,064	22,812	2.3	13,092	23,941	1.8	113,186	1,063	105,324	25,122	64,325	2.6	22,589	44,355	2.4	54,575
Maryland.....	3,116	5,946	1.9	10,533	13,256	1.3	44,737	1,639	29,460	7,621	22,438	2.9	5,908	12,601	2.2	15,730
North Carolina.....	10,135	33,894	2.4	22,958	31,759	1.4	64,151	4,442	128,995	19,187	62,273	3.2	16,100	34,161	2.1	35,840
Puerto Rico.....	21,469	64,314	3.0	12,929	44,899	3.5	27,473	189	13,183	12,455	66,266	5.6	12,965	48,293	3.7	10,718
South Carolina.....	5,397	8,574	1.6	6,328	8,770	1.4	37,091	1,235	18,753	7,294	22,784	3.1	7,142	14,682	2.1	15,436
Virginia.....	7,228	21,903	3.0	11,337	23,210	2.0	32,531	3,893	53,620	15,104	56,563	3.7	7,807	20,075	2.6	32,030
West Virginia.....	3,171	5,400	1.7	13,602	25,951	1.2	23,600	2,899	2,573	3,532	7,979	2.3	4,562	8,948	2.0	6,139
Southern region:																
Alabama.....	4,181	8,512	2.0	11,195	15,007	1.3	98,295	1,329	42,058	20,504	52,857	2.6	15,507	34,893	2.3	11,892
Arkansas.....	1,889	2,256	1.2	5,646	6,348	1.1	34,142	3,059	18,249	4,194	9,451	2.3	7,121	11,094	1.6	7,705
Kansas.....	680	3,959	4.5	1,820	4,826	1.3	15,863	1,281	36,498	3,598	14,907	4.6	2,476	7,153	2.9	15,012
Kentucky.....	8,956	21,777	2.4	15,518	25,892	1.7	106,452	1,014	52,731	16,504	39,361	2.4	25,352	56,698	2.2	53,823
Louisiana.....	1,969	3,145	1.6	3,449	4,087	1.2	42,590	0	587	4,608	11,131	2.4	4,561	7,512	1.6	3,958
Mississippi.....	3,760	4,338	1.2	9,414	10,162	1.1	42,913	3,942	68,048	17,646	37,616	2.1	34,395	52,653	1.5	14,182
Missouri.....	1,770	4,926	2.8	2,041	5,568	2.7	28,218	1,304	15,390	3,532	7,319	2.1	2,766	4,996	1.8	12,199
Oklahoma.....	1,641	2,839	1.5	5,846	7,717	1.3	27,244	6	12,181	4,768	12,615	2.6	9,890	23,903	2.4	10,685
Tennessee.....	7,101	21,886	3.0	16,211	22,961	1.4	33,870	757	31,279	19,389	62,311	3.2	30,544	56,248	1.8	51,778
Texas.....	4,393	15,139	3.4	6,022	12,751	2.1	37,071	1,427	98,746	29,552	69,469	3.4	16,722	65,284	3.5	92,441
Western region:																
Alaska.....	126	223	1.8	100	279	2.8	3,809	30	290	739	4,165	5.6	671	2,442	3.6	7,090
Arizona.....	1,787	5,093	2.9	1,219	2,881	2.1	10,956	62	13,605	2,969	11,696	3.9	2,130	7,179	3.4	4,888
California.....	9,929	27,469	2.8	15,629	39,938	2.6	36,988	4,903	19,942	10,564	27,096	2.6	9,790	21,308	2.2	86,095
Colorado.....	689	1,993	2.9	1,320	4,649	3.5	2,093	102	4,992	3,220	12,178	3.8	3,591	8,786	2.4	16,008
Hawaii.....	5,395	18,866	3.5	6,092	15,266	2.5	9,057	0	56,603	6,390	23,585	3.7	5,220	12,825	2.5	2,518
Idaho.....	799	1,349	2.3	2,024	2,639	1.3	6,517	264	605	1,401	5,832	4.2	1,443	3,337	2.3	7,941
Montana.....	478	1,107	2.3	1,403	2,966	2.1	10,070	130	3,365	4,345	9,094	2.1	5,964	11,243	1.9	36,578
Nevada.....	318	746	2.3	692	1,375	2.0	861	550	4,167	549	2,068	3.8	786	1,532	1.9	5,138
New Mexico.....	2,003	3,467	1.7	4,405	6,525	1.5	11,142	103	2,351	5,944	14,928	2.5	8,780	17,368	2.0	30,417
Oregon.....	1,256	2,675	2.1	3,166	6,517	2.1	32,789	803	33,860	2,419	7,277	3.0	3,830	7,702	2.0	16,994
Utah.....	1,923	5,195	2.7	3,917	10,386	2.7	17,785	364	16,600	2,463	9,118	3.7	1,685	7,876	4.8	49,401
Washington.....	1,038	1,916	1.8	3,712	6,970	1.9	11,085	1,516	18,327	5,821	15,076	2.6	4,376	13,644	3.1	83,446
Wyoming.....	119	164	1.4	158	205	1.3	237	5	3,822	859	2,275	2.8	553	1,479	2.7	1,953

\*Obvious or apparent error in reporting, or report incomplete.

†Not reported.

Note.—The symbols # 1, # 3, etc., refer to items of the quarterly activities reports, WCH-51.

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# Social Statistics

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## C O N T E N T S

	Page
GROUP ACTIVITIES OF LOCAL PRIVATE AGENCIES IN THE LEISURE-TIME FIELD, 1940-41 - - - - -	3
CLINIC SERVICE IN URBAN AREAS, 1940 - - - - -	12

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

# GROUP ACTIVITIES OF LOCAL PRIVATE AGENCIES IN THE LEISURE-TIME FIELD, 1940-41

The defense emergency has directed attention to many needs, and on the home front not the least of these has been a renewed interest in noncommercial leisure-time activities required by a population living through increasingly strenuous times.

The statistics available on leisure-time activities, particularly current statistics, are limited. A primary problem is that the field is wide and difficult to define. It includes a wide range of activities, of which many are not directly associated with any established institution or agency. Of the established agencies, a division commonly is made between those under public and those under private auspices. The private agencies, because of their generally smaller size, their frequent association with national organizations and local community chests and councils of social agencies, and their emphasis on group activities where fairly detailed records are required for proper administration of the program, have generally been in a better position to provide statistical reports of their activities.

## The Agencies Reporting.

The present article deals with reports on group activities submitted by some of these private agencies. Agencies in the private leisure-time field have been reporting through the Children's Bureau social-statistics project to local councils of social agencies and the Bureau for the past few years.

The number and types of local private agencies reporting to the Children's Bureau in 1941

and discussed in the present article are shown in table 1, together with the number of urban areas represented. By 1941, 5 years after the introduction of trial reporting forms, the reporting had expanded to the point where 30 of the 45 areas participating in the project had maintained substantially complete coverage of this group of agencies over a period of 18 months. These 30 areas had a total population in 1940 of 14,900,000. They included 32 percent of the population in all cities of 100,000 or more in the United States.

Table 1.--Number and types of local private agencies supervising group activities and reporting to the Children's Bureau, June 1941

Types of organization	Number of agencies	Urban areas represented
Total.....	308	30
Settlements and centers.....	194	28
Y.M.C.A.....	31	28
Y.W.C.A.....	33	29
Boys' clubs.....	14	11
Other.....	36	22

The group of private agencies not included in the present article consists of the national-program groups--the Boy Scouts, the Girl Scouts, and the Camp Fire Girls. Statistics reported by these boys' and girls' programs will be treated separately at a later date. 1/ Boys and girls of this age, however, are also very active in the

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1/ Earlier reviews of statistics reported by agencies in the leisure-time field were given in Social Statistics, December 1937 and December 1938. Statistics on local private agencies and national-program groups were considered separately.

local private agencies discussed here, incomplete membership figures reported indicating that 51 per cent of their members are under 18 years of age.

Although, because of basic differences in record systems, it is not possible to combine the reports of all private and public agencies, some rough indication of the relative size of these various divisions of the field can be given. Public agencies are, of course, by far the largest. The incomplete annual reports now submitted by a partial list of these public agencies to the National

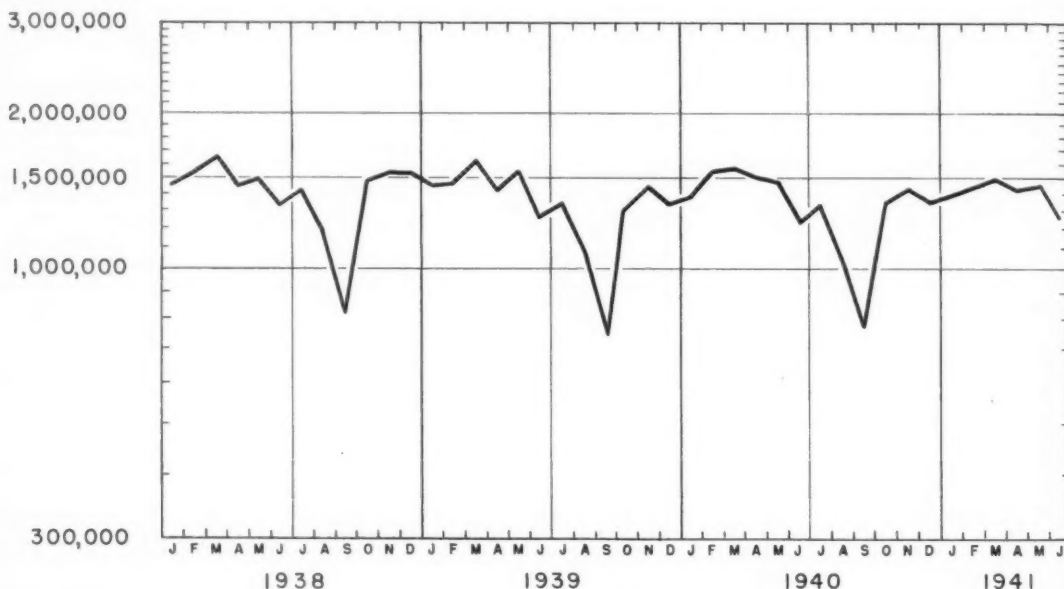
ance, but the national-program groups of the Boy Scouts and Girl Scouts and the Camp Fire Girls have established detailed reports on membership. The figures for these groups in the areas covered in the present article indicate that they had a membership during 1940 equal to about two-fifths of that of the group of private agencies being considered here.

#### Attendance Since January 1938.

Although fairly complete reporting for 30 areas was not obtained until 1940, 199 agencies

FIG. 1.-ATTENDANCE AT GROUP ACTIVITIES REPORTED BY 199 LOCAL AGENCIES, JANUARY 1938-JUNE 1941

Number of persons



Recreation Council, <sup>2/</sup> show an attendance in these areas during 1940 of more than 2½ times the attendance reported by the private agencies represented in this article. Reports of public agencies are as yet generally limited to an estimate of attend-

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<sup>2/</sup> Recreation, Bulletin of the National Recreation Association, New York, June 1941.

have submitted sufficiently complete reports since January 1938 to give some indication of the movement in attendance <sup>3/</sup> at group activities over the

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<sup>3/</sup> These attendance figures represent aggregates and not different persons. Thus an attendance count is made each time a person attends a group activity, regardless of how often this may occur during the month.

3½-year period ended June 30, 1941. The total for 1940 was about 5 percent below the level of 1938. A distinct seasonal movement is noted in the monthly figures. The high point for each year comes in March followed by a decline during the summer. Not reflected in these figures or others presented in the present article, however, are the activities of camps, which for many of these agencies make up an important summer activity. The low point is in September when, for many of these agencies, a program-year ends and a new year begins (fig. 1).

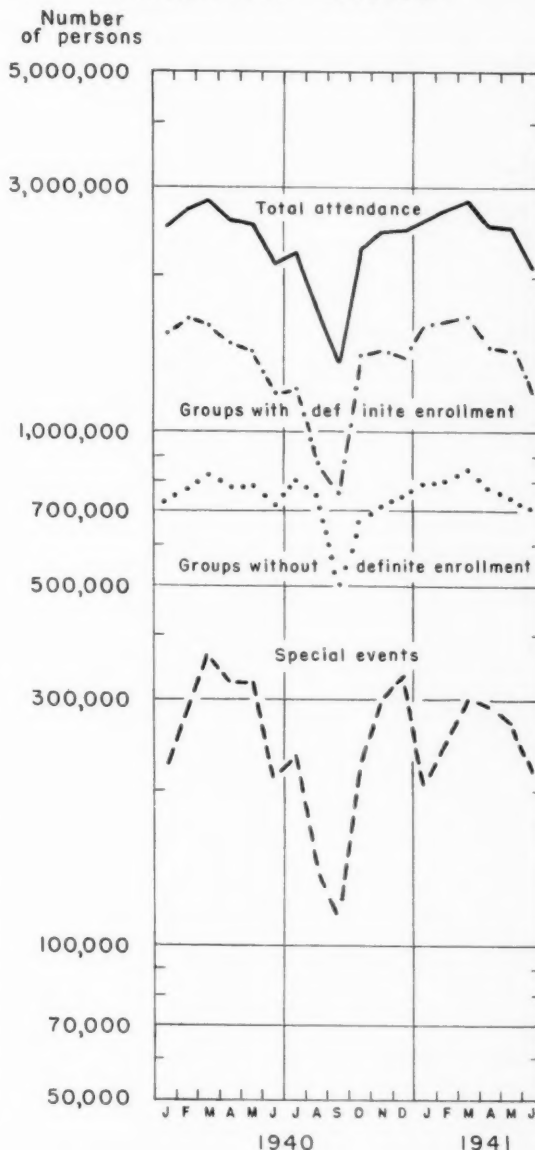
Attendance by Type of Group,  
January 1940-June 1941.

In table 2 and figure 2 the attendance data for all the 308 agencies reporting during the per-

Table 2.--Attendance at group activities by type of group and by month, in 30 urban areas, January 1940-June 1941

Month	Total attendance	Percent of total		
		Groups with definite enrollment	Groups without definite enrollment	Special events
1940				
January...	2,517,000	62	29	9
February...	2,713,000	61	28	11
March.....	2,832,000	58	29	13
April.....	2,593,000	57	30	13
May.....	2,544,000	57	31	12
June.....	2,132,000	56	34	10
July.....	2,247,000	54	36	10
August....	1,771,000	50	42	8
September..	1,377,000	55	37	8
October...	2,297,000	61	29	10
November..	2,474,000	59	29	12
December..	2,486,000	57	30	13
1941				
January...	2,609,000	62	30	8
February..	2,719,000	61	29	10
March.....	2,846,000	60	30	10
April.....	2,539,000	58	31	11
May.....	2,510,000	59	30	11
June.....	2,129,000	57	33	10

FIG. 2.- ATTENDANCE AT GROUP ACTIVITIES BY TYPE OF GROUP; 308 LOCAL AGENCIES JANUARY 1940 - JUNE 1941



iod January 1940-June 1941 are divided to show the attendance by the three types of group activity commonly recognized in this field. The greatest part of the attendance in all months was shown by

groups with definite enrollment. These are groups in which the same individuals are expected to be present at each session and include clubs, classes, and teams. This type of group organization is particularly emphasized by private agencies in the leisure-time field.

Attendance at groups without definite enrollment showed the least fluctuation during the 18-month period. These groups include game rooms, forums, dances, playgrounds, and other activities at which a leader is scheduled to be present but at which no definite group is expected to attend. The relatively greater importance during the summer time of groups without definite enrollment reflects, at least in part, the importance of supervised playgrounds and play rooms during that period. Thus from June to September 1940 and in June 1941 attendance at this type of group made up from 33 to 42 percent of the attendance at group activities reported by these agencies, whereas in other months the percentage varied between 28 and 31. Attendance at special events, which are group activities not regularly scheduled or held less frequently than once a month and which include all activities open to the total agency membership and the general public, varied in importance from 8 to 13 percent of the attendance at all group activities. The attendance at this type of group showed the greatest relative fluctuation.

#### Number of Groups and Sessions.

Attendance figures have been the most frequently used statistics in the leisure-time field because they are in terms of a common denominator

which can be used in connection with various types of organized activities. However, for group activities alone it is possible to make use of statistics in terms of number of groups and sessions. In table 3 such statistics are shown separately for groups with and without definite enrollment for the 18-month period January 1940-June 1941. Figures have been computed for the average attendance per session as well as for the average number of sessions per group during each month. The relationship between the number of groups and number of sessions is fairly constant from month to month, there being on the average 4 sessions a month for groups with definite enrollment and approximately 5 sessions or periods per month for groups without definite enrollment. The figures for groups with definite enrollment mean that each enrolled person was expected on the average of 4 times a month. Figures for groups without definite enrollment simply indicate that the average group was scheduled 5 times a month, some undoubtedly being scheduled much more frequently, but they do not indicate that the same persons were in attendance at each session.

The number of groups with definite enrollment and the number of sessions of such groups varied considerably during the period, and while they followed in general the seasonal changes in attendance there were significant differences, as shown in figures on the average attendance per session. Thus, while the attendance dropped during the summer months, the number of sessions dropped by a proportionately greater amount. As a result the average attendance per session in the

January.  
Februar  
March.  
April.  
May...  
June..  
July..  
August.  
Septem  
October  
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January.  
Februar  
March.  
April.  
May...  
June..

Table 3.--Attendance, number of regularly scheduled groups, and number of sessions reported by 308 local agencies, January 1940-June 1941

Month	Groups with definite enrollment					Groups without definite enrollment				
	Attendance	Number of groups	Number of sessions	Average attendance per session	Average number of sessions per group	Attendance	Number of groups	Number of sessions	Average attendance per session	Average number of sessions per group
1940										
January...	1,564,376	25,182	102,862	15	4.1	723,750	4,945	23,813	30	4.8
February..	1,662,913	26,204	105,359	16	4.0	768,722	5,149	24,484	31	4.8
March.....	1,633,467	26,524	102,583	16	3.9	828,765	5,404	25,411	33	4.7
April.....	1,491,109	23,966	95,989	16	4.0	775,230	5,314	25,043	31	4.7
May.....	1,442,401	21,914	87,375	17	4.0	780,994	5,327	24,388	32	4.6
June.....	1,198,663	15,574	59,088	20	3.8	721,353	4,663	21,239	34	4.6
July.....	1,205,691	11,660	58,074	21	5.0	805,549	4,489	22,682	36	5.1
August....	876,580	9,434	41,914	21	4.4	748,712	4,266	20,952	36	4.9
September..	758,290	13,140	45,358	17	3.5	503,286	3,568	16,099	31	4.5
October...	1,410,403	21,059	86,303	16	4.1	669,469	4,818	21,719	31	4.5
November..	1,458,438	23,802	92,498	16	3.9	718,368	5,216	22,950	31	4.4
December..	1,408,069	24,275	87,247	16	3.6	748,251	6,048	22,918	33	3.8
1941										
January...	1,611,200	25,516	101,917	16	4.0	788,050	6,091	26,081	30	4.3
February..	1,665,480	26,283	103,058	16	3.9	793,907	5,193	24,058	33	4.6
March.....	1,696,635	26,618	105,791	16	4.0	848,519	5,432	25,864	33	4.8
April.....	1,468,647	24,819	94,106	16	3.8	777,847	5,121	24,686	32	4.8
May.....	1,490,010	21,840	82,602	18	3.8	745,979	4,898	24,936	30	5.1
June.....	1,208,270	15,229	58,384	21	3.8	701,275	4,510	22,969	31	5.1

summer months was 20 or 21 compared with about 16 in other months. The reassembling of groups and the establishment of new groups in September is reflected in these figures, but enough of the groups were evidently formed late in the month to prevent a comparable increase in the number of sessions.

During the winter months the ratio of the number of groups with definite enrollment to the number without definite enrollment was about 5 to 1, but during the summer months this ratio fell to approximately 3 to 1. The average attendance per session at groups without definite enrollment during most months was approximately twice that of the groups with definite enrollment.

#### Attendance and Group Statistics by Type of Agency.

The figures for the month of March 1941, the month with greatest attendance in the series, have been analyzed by type of agency (table 4). The 194 settlements and centers accounted for a little more than a third of the total attendance, the 31 Y.M.C.A.'s for slightly less than a third. The Y.W.C.A.'s reported four-fifths of their total attendance accounted for by regularly scheduled groups with definite enrollment. Boys' clubs reported a little more than one-third, and the three other types of agencies approximately three-fifths, of their attendance at this kind of group.

In average attendance per session and average number of sessions per group there appeared to be



a significant difference between the figures for boys' clubs and those for the Y.M.C.A., Y.W.C.A., and settlements. A similar variation appeared in the case of regularly scheduled groups without definite enrollment, where the average size of the group and the frequency of meetings were greater in the case of boys' clubs than in the case of the other agencies.

### Attendance and Group Statistics by Area.

Each of the areas now reporting on group activities of private leisure-time agencies has indicated that its reports cover substantially all of such activity carried on locally. Nevertheless, because of the difficulties inherent in defining this field, the statistics for the individual areas should be considered only a rough indication of the relative size of the programs. With this limitation recognized, the figures by area are tabulated for March 1941 in table 4. The total attendance reported during the month varied from 275,000 in Cleveland to 22,000 in Duluth.

A summary of the attendance figures by type of group for the month showed the proportion accounted for by groups with definite enrollment varying from 79 percent in Akron to 39 percent in Washington. Groups of this type showed an average attendance per session during March varying from 14 to 21. The average number of sessions per month varied from 3.0 to 5.5.

The proportion of the monthly attendance accounted for by regularly scheduled groups without definite enrollment varied from 10 percent in Wichita to 49 percent in Dallas, and the average

attendance at a session of such groups varied from 14 in Akron to 68 in Providence. The number of sessions per group of this type varied from 1.5 to 12.4. None of the areas reported more than 16 percent of their attendance at special events, except Wichita, where 44 percent was reported. Unusually large activities during the month in Wichita accounted for this percentage; during the entire year special events in that area accounted for only 20 percent of the total attendance.

### Membership.

Since in attendance statistics a count is made of each person each time he attends a group activity, these statistics do not indicate how many persons are being served nor how frequently each person is taking part in the agency program.

In the case of regularly scheduled groups with definite enrollment, records can and are maintained by each individual group to provide this information. Such enrollment data, however, have been reported centrally only on a duplicated basis--that is, a total of enrollment in all groups counting each enrollment regardless of the fact that the same person may be enrolled in more than one group. Perhaps more important is the fact that these enrollment figures are based generally on rules adopted by the individual group. Thus, enrollment may be based on interest, attendance, the payment of a small fee, or other criteria. Some areas have attempted to develop a means of making the enrollment figures for all groups comparable by adopting a standard rule for entering a person's name and for removing it from the roster, but in general the figures remain primarily of use

to the individual group and not directly comparable among groups.

For groups without definite enrollment, such figures are by the very organization of the group not obtained.

There remains, however, the important over-all membership count for the agency as a whole for which some figures have been made available. In the first place, these figures are cumulative for a year, since many agencies have not found it practicable to develop a satisfactory means of dropping inactive members during the year. In the sec-

ond place, although an attempt has been made to limit these figures to persons taking part in group activities, they may include in some agencies a few members who have made only individual use of the agency's facilities. In spite of these limitations the total cumulative membership figures are believed to be of considerable assistance in interpreting the statistics of group activities.

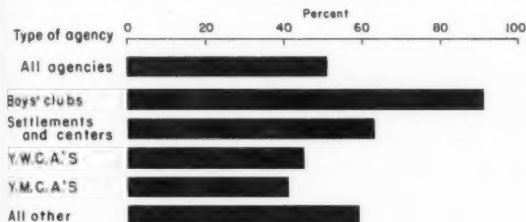
Twenty-eight of the 30 urban areas reported cumulative membership figures for the year 1940. As is shown in table 5 the figure for the combined 28 areas amounted to 778,000 or approximately

Table 5.--Cumulative membership and total attendance at group activities in private agencies in 28 urban areas, 1940

Urban area	Number of agencies reporting	Cumulative membership reported for 1940				Attendance at organized group activities during 1940	Ratio of attendance at organized groups to cumulative membership
		Members	Percent of total population	Members under 18 years of age			
				Members	Percent of total members		
Total, 28 areas.	294	778,097	5.4	393,771	51	23,745,159	31
Akron.....	4	30,477	9.0	15,256	50	626,459	21
Baltimore.....	12	25,538	3.0	9,882	39	677,721	27
Birmingham.....	10	18,887	4.1	10,614	56	1,059,370	56
Cincinnati.....	12	71,390	11.5	34,050	48	1,213,127	17
Cleveland.....	20	101,730	8.4	45,254	44	2,462,282	24
Columbus.....	11	28,210	7.3	19,554	69	1,120,933	40
Dallas.....	4	7,487	1.9	4,168	56	253,804	34
Denver.....	15	23,535	7.3	14,352	61	1,030,023	44
Detroit.....	22	39,689	2.0	22,396	56	1,460,402	37
Duluth.....	2	8,299	8.2	3,701	45	146,616	18
Hartford.....	5	12,719	5.1	4,935	39	377,616	30
Houston.....	6	32,079	6.1	22,618	71	725,977	23
Indianapolis.....	13	30,654	6.7	14,679	48	943,906	31
Kansas City, Mo.....	13	11,835	2.5	9,446	80	882,008	75
Louisville.....	8	17,666	4.6	7,221	41	447,072	25
Milwaukee.....	9	22,064	2.9	13,725	62	437,481	20
Minneapolis.....	18	58,067	11.7	31,081	54	1,162,075	20
New Haven.....	8	19,215	8.6	7,362	38	545,659	28
New Orleans.....	11	12,095	2.4	6,962	58	356,443	29
Omaha.....	7	14,198	5.7	7,014	49	614,901	43
Providence.....	8	19,436	7.7	10,511	54	626,443	32
Richmond.....	11	22,777	8.6	10,396	46	842,586	37
St. Louis.....	14	40,734	3.7	18,493	45	1,931,492	47
St. Paul.....	10	19,839	6.4	10,246	52	537,175	27
San Francisco.....	16	52,259	8.2	15,027	29	1,314,899	25
Sioux City.....	6	7,615	7.3	4,285	56	232,594	31
Washington.....	16	24,064	3.6	17,838	74	1,449,240	60
Wichita.....	3	5,539	3.9	2,705	49	266,855	48

5.4 persons per 100 population in these areas. An analysis of these figures indicates that slightly more than half of the members were under 18 years of age. In figure 3 the proportion of members who were under 18 is shown for each of the various types of agencies, and ranges from 91 percent for the boys' clubs to 41 percent for the Y.M.C.A.'s in these 28 areas.

FIG.3.-PERCENTAGE OF CUMULATIVE MEMBERSHIP UNDER 18 YEARS OF AGE, 28 URBAN AREAS, 1940



A comparison of the attendance and membership figures will give some indication of how active the membership is. In this comparison attendance at special events which include activities open to the general public is excluded, and only the attendance at regularly scheduled group meetings is used. The annual attendance at such activities is seen to be 31 times as great as the membership. It is important to bear in mind that the membership figures used are cumulative. They include all persons registered at any time during the year. The average membership during the year if available would be considerably lower and would increase the ratio of attendance to membership.

The 1940 membership figures for the 28 individual urban areas are also shown in table 5. Although variations among areas must be interpreted with special care in this field, where record keeping is relatively undeveloped, the differences

appear to be too great to be attributable entirely to such factors. The number of members per 100 population varied from 11.7 in Minneapolis and 11.5 in Cincinnati to 1.9 in Dallas and 2.0 in Detroit. Fifteen of the areas reported 50 percent or more of the members to be under 18 years of age. At one extreme was San Francisco with 29 percent of its members under 18 and at the other, Kansas City with 80 percent. Membership figures for the individual areas, considered in relation to attendance at regularly scheduled group activities during 1940, also showed wide variations. The extremes were reported by Cincinnati and Kansas City where the attendance figures were 17 and 75 times their respective membership figures.

The record system that is emerging in many of these agencies as a result of this community-wide reporting project is believed to give these agencies a better understanding of their own program in relation to that of other private agencies, and to an extent, to those of all agencies engaged in leisure-time activities. The agencies participating in this reporting plan frequently carry on many other important activities in addition to these group activities and those, of course, are not reflected in the statistics. The group activities of the various agencies are, however, quite comparable, and it is the hope and intent of this reporting project to provide a means of keeping a record of this important activity. The reporting system has been slow in developing, but experience to date would seem to indicate that it is proving successful and is furnishing a fair report of the group activities conducted by the various agencies.

## CLINIC SERVICE IN URBAN AREAS, 1940

Among large urban areas throughout the United States, clinics operated by public and private agencies have an important place in community programs for providing medical service to the needy and for maintaining public-health control. Although individual areas differ greatly in the extent to which this type of service is used, in a recent study of expenditures in a number of urban areas during 1940, it was found that, on the whole, expenditures for clinic service were greater than for any other type of health service except hospital in-patient service. <sup>1/</sup>

The present article summarizes certain statistical data in terms of visits and expenditures reported by clinics in a group of large urban areas. The clinics reported provide free and low-cost service that is locally considered to be a part of the welfare program in their respective communities. Their reports were submitted to the Children's Bureau through its project for the registration of social statistics. <sup>2/</sup>

As defined for purposes of reporting in this project the field of clinic service includes only clinics and medical conferences that are under the charge of a physician or a dentist and are expected to be held regularly at the same time and place. <sup>3/</sup>

<sup>1/</sup> The Community Welfare Picture in 34 Urban Areas, 1940, pp. 41 and 42. Children's Bureau, Washington, June 1941.

<sup>2/</sup> A report on clinic service in urban areas during January-June 1939 was included in Social Statistics, December 1939.

<sup>3/</sup> Separately organized mental-hygiene clinics and clinics and medical conferences that are provided as part of specially organized programs of school-health service are not included here but

Agencies reporting in this field include hospital out-patient departments, dispensaries, public-health departments, and other agencies that operate medical and dental clinics for the diagnosis and treatment of disease and for the supervision of well individuals. Although many of the agencies operate general medical and surgical clinics, a large part of their service is provided in specialized clinics, particularly in venereal-disease, tuberculosis, heart-disease, dental, and eye, ear, nose, and throat clinics, and in clinics and medical conferences for maternity care, pediatrics, and child health.

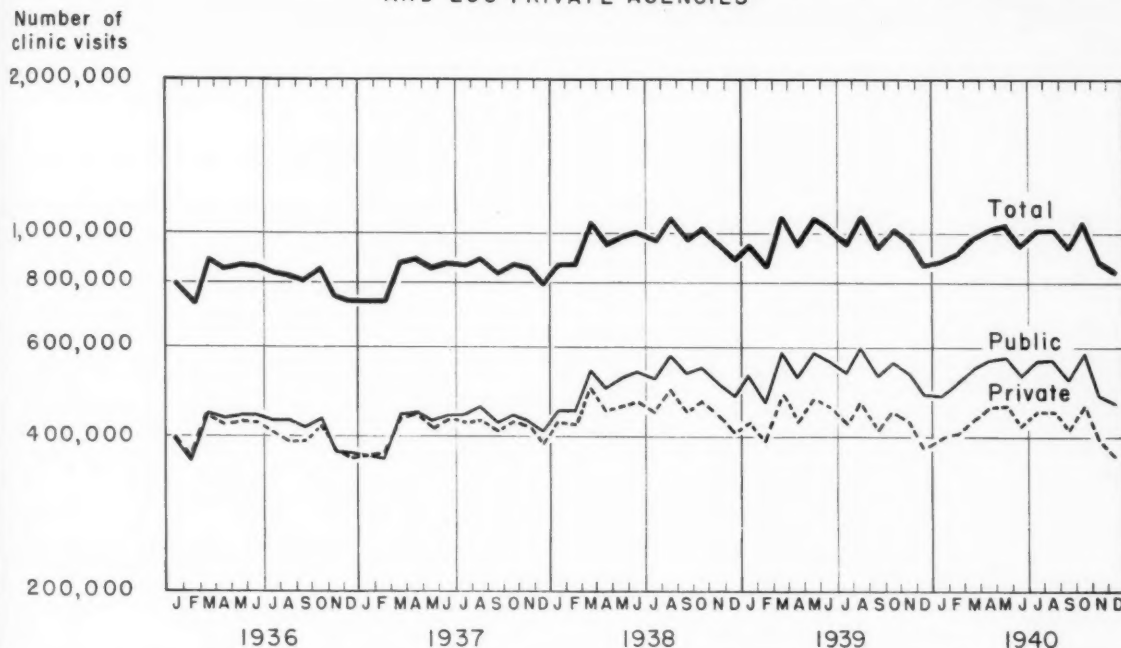
### Number of Clinic Visits, 1936-40.

Although reporting has been much more complete in 1940, when 443 agencies in 38 areas submitted monthly reports, 272 agencies have submitted monthly reports since January 1936. The number of visits <sup>4/</sup> reported monthly by these agencies during the period January 1936 through December 1940 are charted in figure 1 with visits to public and to

are covered in other fields of the social-statistics project. Clinics organized for profit; those operated exclusively for the care of the residents of a maternity home, children's institution, or home for the aged; and those that are operated by an industrial or commercial establishment and that provide care only for the employees of the establishment are excluded from the reporting project.

<sup>4/</sup> A clinic visit as defined for reporting in the social-statistics project is the occasion when treatment or any other personal professional service is given to a patient. Agencies reporting in the project are instructed to count only one visit to any one clinic for a given attendance at the agency even though several different types of treatment were provided. When a service is given in more than one clinic or medical conference during a single attendance at the agency, a visit is to be counted for each of these clinics and medical conferences.

FIG. 1—CLINIC VISITS, JANUARY 1936–DECEMBER 1940, AS REPORTED BY 66 PUBLIC AGENCIES AND 206 PRIVATE AGENCIES



private agencies shown separately. As to the proportion of total visits reported by public and by private clinics, the distribution in this series compares closely with that for the larger group of 443 agencies reporting during 1940, which represent practically all of the service provided in 38 urban areas.

The average monthly number of clinic visits during 1940 was 17 percent above the average for 1936 and only slightly below that in the year 1939 when the highest figure was reached. The increase over the 5-year period took place almost entirely in 1938 when the number of visits to both public and private clinics rose markedly, averaging 15 percent over the number in the preceding year.

The average monthly number of visits to public clinics in 1940 showed an increase of 28 percent

over the 1936 average. In private clinics, where the number of visits declined during the last 2 years of the period, the number during 1940 was only 6 percent above that of 1936.

The operation of clinics on certain days of the week only and the consequent differences in the number of sessions from month to month is reflected in the sharpness of the monthly changes in the number of visits. This is substantiated by the comparable fluctuations in the number of visits to public and to private clinics. With few exceptions an increase or decrease in the number of visits reported by clinics under public auspices was accompanied by a similar change in the number reported by clinics under private auspices.

A comparison of the figures by months for each year fails to indicate any clear seasonal movement.

On the average, however, the smallest number of visits were made during December, January, and February and the greatest number during March and August.

#### Clinic Service in 38 Urban Areas, 1940.

As stated above, the reporting in the clinic field during 1940 represents considerably higher coverage of total clinic service in urban areas than has been available through the social-statistics project up to the present time. 5/ Data are reported here on 38 urban areas having a population of 25,100,000 or 19 percent of the total population of the United States in 1940 and including 50 percent of the total population in cities of 100,000 or more population. The services of 443 agencies, 122 under public auspices and 321 under private auspices, are included. In certain areas a few agencies did not submit reports. 6/ Information forwarded to the Children's Bureau from these areas, however, indicates that for the 38 areas combined the services that were omitted probably do not include more than 1 percent of the visits made to public clinics and 3 percent of those to private clinics of the types included here.

5/ The increase in coverage during 1940 occurred under a new plan whereby the Children's Bureau issues a monthly trend series based on reports from urban areas providing reasonably complete information on the total services of their public and private agencies and supplying reports on identical agencies each month. A discussion of this plan was given in Social Statistics for March 1940.

6/ Data covering more than 5 percent of the public or private services were reported to be lacking in the following cases: public agencies not reporting in Kansas City (Mo.), Minneapolis, and San Francisco; private agencies not reporting in Cincinnati, Duluth, Kansas City (Mo.), Providence, San Francisco, Washington (D.C.), and Wilkes-Barre.

During 1940 approximately 17,000,000 visits were made to clinics in these 38 urban areas. More than half (57 percent) were made to clinics under public auspices.

Of the various types of agencies reporting in the clinic field the out-patient departments of public hospitals reported the greatest number of visits, nearly equalled by similar departments of private hospitals (table 1). Public and private agencies of this type together provided 60 percent of the total clinic service in the 38 areas. Visits to clinics operated by city, county, and State health departments, for the most part visits to venereal-disease clinics and to maternal and child-health clinics and medical conferences amounted to 22 percent of the total.

Table 1.—Percentage distribution of clinic visits by type of agency; 38 urban areas, 1940

Type of agency	Number of agencies	Visits	
		Number	Percent
All types.....	443	16,957,226	100
Public hospitals.....	48	5,218,713	31
Private hospitals.....	166	4,878,033	29
Public-health departments..	55	3,834,260	22
Private health agencies....	155	2,364,757	14
Public-welfare departments.	11	537,682	3
Other public agencies.....	8	123,781	1

The number of visits reported by individual areas during 1940 are shown in table 2, together with the proportion of the total visits accounted for by public and by private agencies. The total number of visits reported varied from 14,700 in Canton to more than 3,100,000 in Chicago. Because it is not possible to exclude from these current figures the number of visits in many areas made by

Table 2.-Visits to clinics and medical conferences; 38 urban areas, 1940

Urban areas (grouped according to population in 1940)	Number of agencies	Visits		
		Total	Percent of total	
			Under public auspices	Under private auspices
Total.....	443	16,957,226	57	43
More than 500,000 population:				
Baltimore.....	26	955,494	39	61
Buffalo.....	23	434,259	55	45
Chicago.....	40	3,100,658	54	46
Cincinnati.....	11	361,504	67	33
Cleveland.....	15	668,281	30	70
Detroit.....	23	1,166,806	50	50
Houston.....	12	368,320	77	23
Los Angeles.....	25	1,557,631	69	31
Milwaukee.....	12	507,078	80	20
Pittsburgh.....	31	627,528	11	89
St. Louis.....	16	1,023,395	55	45
San Francisco.....	16	720,804	48	52
Washington, D. C.....	13	673,031	56	44
250,000--500,000 population:				
Akron.....	5	90,626	49	51
Atlanta.....	13	521,854	91	9
Birmingham.....	7	207,645	90	10
Columbus.....	6	163,999	53	47
Dallas.....	13	329,287	70	30
Denver.....	7	187,340	83	17
Indianapolis.....	6	228,340	98	2
Kansas City, Mo.....	20	248,711	60	40
Louisville.....	7	397,873	98	2
Minneapolis.....	8	214,812	80	20
New Orleans.....	12	816,022	59	41
Providence.....	8	211,185	17	83
Richmond.....	5	157,118	99	1
St. Paul.....	6	184,734	66	34
Less than 250,000 population:				
Canton.....	2	14,733	6	94
Des Moines.....	4	83,565	78	22
Duluth.....	4	35,521	84	16
Grand Rapids.....	7	53,572	68	32
New Haven.....	9	149,191	8	92
Omaha.....	6	102,435	34	66
Sioux City.....	3	32,292	94	6
Springfield, Mass.....	8	51,424	61	39
Syracuse.....	4	137,079	24	76
Wichita.....	2	87,134	100	.....
Wilkes-Barre.....	8	85,945	19	81

persons residing outside the area, direct comparisons with population figures for each area have not been made.\*

Among the individual areas there was much variation in the distribution of total clinic visits

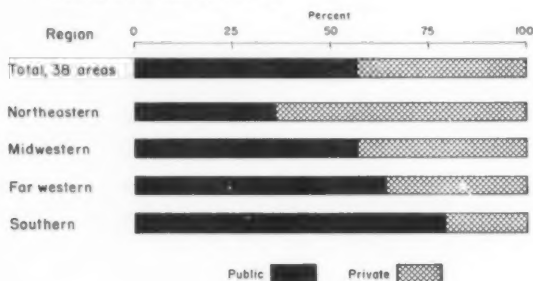
between public and private agencies (table 2). 7/

7/ In some areas it is known that clinic services are operated under an arrangement whereby public and private agencies are jointly responsible. In all cases the classification of agencies as public or private has been made on the type of administration and not on the source of financial support.

In 17 areas more than two-thirds of the visits were made to public clinics. In 4 of these the public services accounted for all, or almost all, of the visits. At the other extreme there were 7 areas where the volume of service provided by private agencies more than doubled that by public agencies. Canton reported the highest proportion (94 percent) of total clinic services under private auspices.

In figure 2 the distribution of clinic visits by auspices of reporting agencies is shown for the

FIG. 2.—PERCENTAGE DISTRIBUTION OF CLINIC VISITS BY AUSPICES OF AGENCY; 38 URBAN AREAS GROUPED ACCORDING TO REGION, 1940



38 areas grouped by 4 geographic regions. <sup>8/</sup> Only in the northeastern region was the larger part (64 percent) of the visits made to clinics under private auspices. In the southern region, on the other hand, 79 percent of the total visits were reported by public agencies.

<sup>8/</sup> The grouping of the areas by regions was made as follows: Northeastern region—Baltimore, Buffalo, New Haven, Pittsburgh, Providence, Springfield (Mass.), Syracuse, Washington (D.C.), and Wilkes-Barre; southern region—Atlanta, Birmingham, Dallas, Houston, Louisville, New Orleans, and Richmond; midwestern region—Akron, Canton, Chicago, Cincinnati, Cleveland, Columbus, Des Moines, Detroit, Duluth, Grand Rapids, Indianapolis, Kansas City (Mo.), Milwaukee, Minneapolis, Omaha, St. Louis, St. Paul, Sioux City, and Wichita; far western region—Denver, Los Angeles, and San Francisco.

#### Number of Visits and Cost of Clinic Service.

As a result of a special study in a number of urban areas certain related data on expenditures and visits to clinics are available for 28 of these areas for the year 1940. <sup>9/</sup> In the interest of having this special study cover as nearly as possible the total service provided in each area to residents of the area, it was requested that reports be obtained from agencies not submitting service statistics currently and also that the number of visits and costs of service provided to non-residents be excluded from the reports. In the clinic field about one-fifth of the agencies included were reported to serve an area larger than the urban area designated for the study. Estimates, usually based on the number of admissions by place of residence, were used where actual figures were not available to give the desired data.

The total expenditures for clinic service in the 28 urban areas during 1940 amounted to 56 cents per capita. With payments by persons receiving service excluded, the per capita expenditure for providing free clinic care was 47 cents. Of this, 29 cents was paid from public funds.

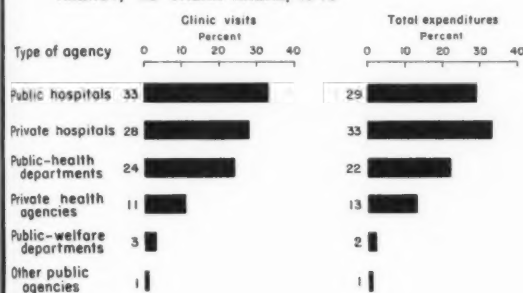
The average cost per visit including payments by patients was 82 cents for all types of agencies combined. For visits to public and private outpatient departments together the average unit cost

<sup>9/</sup> These reports were submitted in connection with The Community Welfare Picture in 34 Urban Areas, 1940 (Children's Bureau, Washington, June 1941). Reports of clinics of the types covered in the present article and reports of separately organized mental-hygiene clinics were combined in the published report of that study. In the present article expenditures of the latter type of clinic are excluded.

was found to be the same (81 cents) as that found in the National Health Inventory of 1936. 10/

Differences in the relative size of the program as measured by expenditures and visits are shown in the analysis by type of agency (figure 3)

FIG. 3.-PERCENTAGE DISTRIBUTION OF CLINIC VISITS AND EXPENDITURES FOR CLINIC SERVICE, BY TYPE OF AGENCY; 28 URBAN AREAS, 1940



and by area (figure 4). These differences are due, of course, to variations in the content of program, in personnel practices, and other important factors which affect the cost per visit and which cannot be sufficiently weighed in a general survey. The figures indicate the need for caution, however, in measuring the size of a program by the two methods of number of visits and of amount of expenditures.

In table 3 (p.18) the expenditures reported by each area for clinic services during 1940 are analyzed by source of funds. In all but 6 of the areas more than 80 percent of the expenditures were accounted for by public appropriations and funds

10/ Plumley, Margaret Lovell: Out-Patient Operating Costs, in *Modern Hospital*, Vol. 49, No. 6 (December 1937).

FIG. 4.-CLINIC VISITS PER 1,000 POPULATION AND EXPENDITURES PER CAPITA FOR CLINIC SERVICE; 28 URBAN AREAS, 1940



from private sources other than payments by patients. Two areas reported that all clinic service of the types included in this study was provided at no cost to patients, and in 4 other areas at least 95 percent of the service was provided in this manner.

The areas differed widely in the use of funds from public and private sources. In the majority, however, public funds were used to the greater extent. One area, Wichita, reported that all funds for clinic service came from public sources, and 4 other areas reported that public funds accounted for more than 75 percent of all their expenditures.

Table 3.—Percentage distribution of expenditures by source of funds and by area; 28 urban areas, 1940

Urban area	Total expenditures	Payments by persons receiving service	Funds from public and private sources		
			Total	Public funds	Private funds
Total, 28 areas .....	100	17	83	52	31
Akron.....	100	12	88	19	69
Atlanta.....	100	5	95	70	25
Baltimore.....	100	31	69	21	48
Birmingham.....	100	12	88	73	15
Buffalo.....	100	8	92	59	33
Canton.....	100	1	99	16	83
Cincinnati.....	100	11	89	40	49
Cleveland.....	100	21	79	28	51
Columbus.....	100	28	72	34	38
Dallas.....	100	17	83	25	58
Des Moines.....	100	3	97	76	21
Duluth.....	100	4	96	48	48
Houston.....	100	14	86	61	25
Indianapolis.....	100	9	91	89	2
Kansas City, Mo.....	100	9	91	29	62
Los Angeles.....	100	14	86	67	19
Louisville.....	100	7	93	88	5
Milwaukee.....	100	13	87	52	35
New Orleans.....	100	19	81	44	37
Omaha.....	100	25	75	18	57
Providence.....	100	25	75	15	60
Richmond.....	100	17	83	67	16
St. Louis.....	100	18	82	47	35
San Francisco.....	100	27	73	45	28
Sioux City.....	100	.....	100	91	9
Springfield, Mass.....	100	17	83	56	27
Washington, D. C.....	100	16	84	69	15
Wichita.....	100	.....	100	100	.....

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MARCH—JUNE 1942

Supplement

Nos. 3 and 4 to

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Division of Statistical Research,

Children's Bureau

Supplement to THE CHILD, Volume 6

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## CHANGES IN SOCIAL AND HEALTH SERVICES, 1940 TO 1941

### INTRODUCTION

Reporting of statistics of social and health services provided by 42 urban communities to the project for the registration of social statistics of the Children's Bureau was better during 1940 and 1941 than at any previous time. The improvement has produced more complete and accurate central records of services provided in the registration areas and, therefore, provides more nearly comparable figures for the study of changes in the community-welfare picture which occurred when the country was experiencing unprecedented expansion in defense and war activities.

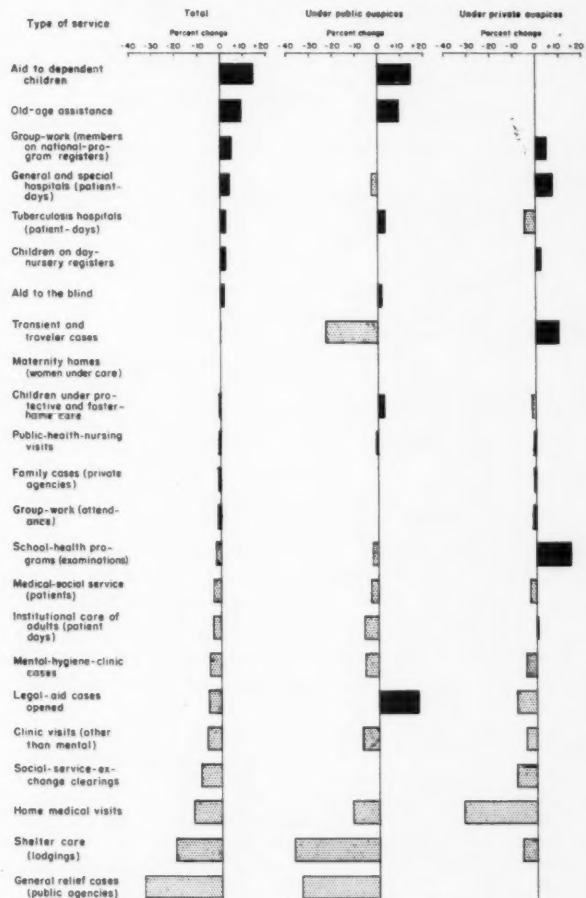
This summary of reports for 1941 in comparison with reports for 1940 also provides a benchmark for the further measurement of the volume of social and health services in a substantial portion of the urban communities of the United States. <sup>1/</sup> Determination of the size of social and health programs in the period immediately before the entrance of the United States into the war will facilitate appraisals of the effect of the war on this important part of the Nation's social structure.

Immediately of interest are the quantitative changes taking place in the programs of social and health services during an upward swing in the business cycle. War production went into high gear in 1941. Employment soared in most metropolitan areas. The average monthly index of employment in manufacturing industries of the Bureau of Labor Statistics rose to new highs in 1940 in all but one of the registration areas (Duluth) represented in their figures. <sup>2/</sup> The rise continued into 1941 in all but one area (Grand Rapids). Comparison of employment indexes for December 1941 with those for the corresponding month of 1940 show decreases only in the Detroit and Grand Rapids areas (4.3 percent and 13.5 percent, respectively), and increases in all other registration areas included, ranging from 2.8 percent (Richmond) to 66.6 percent (Wichita). <sup>3/</sup>

Against this picture of generally improved employment in the registration areas, this article presents a comparison of selected social service

and health statistics to indicate the coincidental changes in social and health services, in terms of average monthly figures reported for 1941, and the percentage of change from 1940. The detailed figures are presented in appendix tables 1 and 2. The percentage changes are presented graphically in figure 1. Because the plotting in this figure is on a percentage basis the direction of change in total services is influenced by the relative pro-

FIG.1—PERCENTAGE CHANGE FROM 1940 IN AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF SOCIAL AND HEALTH SERVICE IN 42 URBAN AREAS, 1941



portion of the total services which were provided by public and by private agencies.

The number of areas in the registration project during 1940 and 1941, the number of agencies

<sup>1/</sup> The combined population of the 42 reporting areas in 1940 represented about 50 percent of the total population of the United States in urban areas of 100,000 or more inhabitants.

<sup>2/</sup> U. S. Department of Labor, Bureau of Labor Statistics: Index of Employment in Manufacturing Industries, by Metropolitan Area. Press release, October 1941.

<sup>3/</sup> U. S. Department of Labor, Bureau of Labor Statistics: Index of Employment in Manufacturing Industries, by Metropolitan Area. December 1941.

Table 1.—Number and combined population of reporting areas and agencies included, by selected types of service, 1940 and 1941

Type of service	Number of areas				Number of agencies reporting a/	Combined population of reporting areas, 1940 census
	Reporting			Not reporting		
	Total	Service	No organized service			
Family:						
Family welfare and relief, private.....	42	42	.....	.....	305	26,848,154
Family welfare and relief, public.....	42	42	.....	.....	103	26,954,006
Aid to dependent children.....	41	41	.....	1	53	26,671,340
Old-age assistance.....	41	41	.....	1	49	26,671,340
Aid to the blind.....	40	39	1	2	47	26,495,458
Service and relief to transients and travelers.....	40	35	5	2	45	24,959,499
Shelter care for transient and homeless.....	37	36	1	5	135	24,940,416
Legal aid.....	39	28	11	3	30	25,032,636
Institutions for aged.....	25	24	1	17	189	16,256,545
Child welfare:						
Protective and foster care.....	38	38	.....	4	591	25,355,861
Day-nursery care.....	40	34	6	2	159	25,858,650
Maternity-home care.....	39	35	4	3	80	25,747,307
Health:						
Hospital in-patient.....	30	30	.....	12	435	19,612,453
Clinic, other than mental-hygiene.....	38	38	.....	4	437	25,103,970
Mental-hygiene clinic.....	36	29	7	6	47	19,449,064
Medical service in patient's home and in doctor's office.....	25	24	1	17	55	16,985,935
Medical-social service.....	34	25	9	8	109	19,391,337
Public-health nursing.....	35	35	.....	7	195	19,810,274
School hygiene.....	35	33	2	7	83	19,810,274
Group work:						
Service of group-work agencies.....	30	30	.....	12	304	14,934,575
Local groups organized under national programs.....	36	36	.....	6	105	21,106,198
Social-service exchange.....	41	41	.....	1	42	26,077,338

a/ Includes duplication among types of service in instances where a single agency in an area provides a separately organized service in two or more specified fields.

included in the classification of fields of service reported, and the population covered by each type of service are shown in table 1. A description of the registration areas is given in appendix table 3. The differences noted there in the geographical boundaries of the areas should be kept in mind as a source of incomparability of areas. 4/

Coverage of the 1940 and 1941 statistics was well over 90 percent in most of the fields of ser-

4/ The territory included in each reporting area was determined locally and coincides as a general rule with the planning area of the council of social agencies or the fund-raising area of the community chest.

vice in nearly all of the areas. 5/ The statistics for all types of service for which nonresidents are not considered a responsibility of the local community, except those for hospital in-patient service, have been adjusted to include only service given to persons resident in the area, with minor exceptions in certain areas. The statistics do not represent all the work of the reporting agencies but only services provided in connection with the chief functions of the agency.

Because there is considerable variation in the relative importance of each of the types of

5/ An area is not included in a field if it cannot give assurance that it can report promptly each month at least 80 percent of the total volume of service in the specified field.

service selected for reporting, it would be desirable to express the figures in terms of ratios. However, the service figures themselves do not permit the use of this technique because there is no denominator which is common to all types. In some fields they represent the number of cases served and in others the number of services provided to individuals. Financial data, although presenting certain limitations with respect to an absolute measure, have the merits of the dollar as a common denominator and can be expressed as parts of the whole.

Table 2.--Percentage distribution of net expenditures for selected fields of social and health service in 34 urban areas, 1940 <sup>a/</sup>

Fields of service	Percent of total
Total, 21 fields covered by service reports.....	100.0
<b>Family.....</b>	<b>70.1</b>
Family welfare and relief, private agencies.....	2.4
Family welfare and relief, public agencies.....	30.8
Aid to dependent children.....	6.1
Old-age assistance.....	25.6
Aid to the blind.....	1.3
Service and relief to transients and travelers.....	0.2
Shelter care for transients and homeless.....	0.7
Legal aid.....	0.1
Institutions for aged.....	2.9
<b>Child welfare.....</b>	<b>6.0</b>
Protective and foster care.....	5.6
Day-nursery care.....	0.2
Maternity-home care.....	0.2
<b>Health.....</b>	<b>20.8</b>
Hospital in-patient.....	14.7
Clinic, other than mental-hygiene.....	2.8
Mental-hygiene clinic.....	0.2
Medical service in patient's home and in doctor's office.....	0.6
Medical-social service.....	b/
Public-health nursing.....	2.0
School hygiene other than nursing.....	0.5
<b>Group work.....</b>	<b>3.1</b>
Service of local group-work agencies....	2.6
Local groups organized under national programs.....	0.5

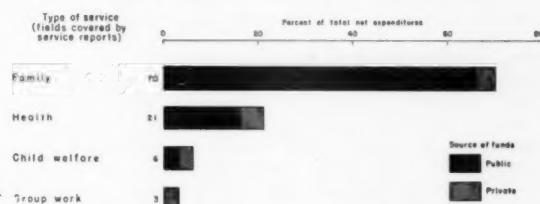
<sup>a/</sup> The Community Welfare Picture in 34 Urban Areas, 1940.

<sup>b/</sup> Included in expenditures for hospitals and clinics.

Twenty-one types of service have been selected for comparison of expenditures reported for the year 1940 in 34 urban areas. <sup>6/</sup> They represent selected services provided to individuals in the fields of family service, child-welfare service, health service, and group-work service. <sup>7/</sup> The relative importance of the 21 selected programs in 1940 in the 34 urban areas combined is shown in table 2.

A percentage distribution of the 1940 net expenditures by major fields of service is given in figure 2. This shows that family services accounted for 70 percent of the total expenditures reported for the 21 types of service; health services, 21 percent; child-welfare services, 6 percent; and group-work services, 3 percent.

FIG.2--PERCENTAGE DISTRIBUTION OF NET EXPENDITURES FOR SELECTED FIELDS OF SOCIAL AND HEALTH SERVICE IN 34 URBAN AREAS, 1940



CHANGES, 1940 TO 1941, IN THE VOLUME OF SOCIAL AND HEALTH SERVICES FOR 42 URBAN AREAS COMBINED

The general experience of 42 urban areas in 1941 shows decreases from 1940 in most of the selected social and health services. The sharpest decreases were reported in family service and in health service. The decreases were generally more pronounced in services under public auspices than in those under private auspices. Figure 1 indicates these changes.

The greatest change was reported in the broad field of family service and reflected the most extreme variations in total services among individual programs. Those programs in which the need for

<sup>6/</sup> U. S. Department of Labor, Children's Bureau: The Community Welfare Picture in 34 Urban Areas, 1940. Washington, June 1941.

<sup>7/</sup> Among other important types of social and health services provided in the urban areas to individuals but not included by the current service reports of the registration of social statistics are: Services for delinquent adults, services provided chiefly by juvenile courts for children with conduct problems, institutional care of delinquent children, public recreation services, summer-camp programs, fresh-air camps, mental hospital in-patient services, and certain public-health department activities. Services to agencies rather than to individuals, which are omitted from this expenditure analysis, include services of central planning and financing organizations and social-service exchanges.

service is directly related to fluctuations in employment—public general relief and shelter care—showed the most drastic curtailment in 1941. Case loads increased in the programs for special types of public assistance—old-age assistance, aid to dependent children, and aid to the blind—which may not be so immediately affected by changes in the general level of employment.

Four of the nine types of service in the family field are provided by both public and private agencies. On the whole, the services provided by public agencies showed the most pronounced changes from 1940. In some programs, notably legal aid and service and relief to transients and travelers, both public and private agencies provide service. In the legal-aid field public service increased while private programs decreased in size. In the field of relief to transients and travelers, given largely by travelers-aid societies affiliated with the United Service Organizations, private agencies showed a 10-percent increase.

Health service showed changes within a narrower range in the total services reported by the combined 42 areas than did family service. Six of the 7 types of service within this broad field showed decreases from 1940. The sharpest decrease was reported in medical service to patients in their homes, especially in services provided by private agencies. The sharpest increase was in admissions to tuberculosis hospitals.

Differences of some magnitude were noted in the direction of change for in-patient services of public and private hospitals. Admissions to and total patient-days in public general and special hospitals declined whereas relatively large increases in the same statistics were shown for private general and special hospitals. On the other hand, the reports of public tuberculosis hospitals showed increases in total and free patient-days and the figures of private tuberculosis hospitals, decreases.

The decrease in free patient-days in private general and special hospitals contrasts with an increase in the total patient-days care given by these hospitals. This may be due to a greater ability to pay for service because of improved local economic conditions and the rapid expansion of hospital service plans providing for the prepayment of hospital services.

There were relatively small changes in the volume of child-welfare service. The range of change was between a decrease of 2.9 percent (children in institutions) and an increase of 2.5 percent (children in day nurseries). Maternity-home care showed no change whatever. A small increase was reported in the number of children in day nurseries.

The chief contrast between public and private service statistics in the child-welfare field was reflected in the figures reported for the total number of dependent and neglected children under care in foster homes, which showed almost no total change but showed an increase in public-agency service and a decrease in private-agency service in 1941.

Reports from the several types of private organizations in the group-work field reflect little expansion in leisure-time activities. A slight decrease was noted in attendance at selected group-work activities, whereas the number of members on the registers of national-program groups showed an increase.

A review of the 1941 statistics indicates the influence of increased employment and improved economic conditions on the volume of the selected social and health services. The development of a general pattern of change attributable to war activity among the areas reporting the selected social and health services is not yet in evidence. The development of war activities did not, of course, affect all communities to the same extent in 1941. The unevenness of this development may be one of the local influences reflected in the wide variations among reporting areas in the direction and amplitude of changes which characterize the statistics.

The response of social agencies to the war situation may not be apparent in the statistics reported for 1941 because of the lag between the appearance of a need for service and its provision by a social agency. Relief was not provided on a large scale by many communities until the second or third year, or later, of the depression that began in 1929. It took time to develop reporting procedures covering emergency depression activities. It may take as long or longer for communities to recognize the more complex problems arising from the war situation, to launch needed programs, for such programs to be utilized by people needing help, and for procedures to be developed for reporting the services to a central agency.

Local communities must become aware of the changing situation and of the emergence of new problems and needs. Studies to isolate, identify, and measure these needs must be undertaken in order that an effective plan of action may be adopted. The summary of developments in these 42 urban areas in 1941 may provide, for the registration-area cities and for other communities, a point of departure for such investigations.

#### FAMILY SERVICE

Services of family agencies in the 42 urban areas combined showed a reduction in 1941 as compared with 1940 in 5 of the 9 types of service included under this broad classification (table 3). The greatest decrease, amounting to one-third of the 1940 service, was reported by public family-welfare and relief agencies. A substantial decline was also reported in shelter care (20 percent) and smaller decreases occurred in legal aid, institutional care of adults, and family welfare and relief by private agencies. Increases occurred in the 3 special types of public assistance and in service and relief for transients and travelers.

Table 3.--Percentage change from 1940 in average monthly figures for selected types of family service in 42 urban areas, 1941

Type of family service	Percent change		Area reporting greatest percent		Number of areas					
	Total	Range	Increase	Decrease	Total	Reporting				
						Increase a/	Decrease a/	Change not computed b/	No change	No or- ganized service
Family welfare and relief, private agency.....	-0.7	+34.0 -22.4	Birmingham	Dayton	42	15	24	.....	.....	.....
Family welfare and relief, public agency.....	-34.0	+4.5 -55.6	Washington, D. C.	Los Angeles	42	3	39	.....	.....	.....
Aid to dependent children..	+14.8	+91.1 -18.6	Wilkes-Barre	Baltimore	42	30	10	.....	1	.....
Old-age assistance.....	+9.5	+99.3 -4.7	Atlanta	Baltimore	42	37	4	.....	.....	.....
Aid to the blind.....	+1.8	+62.6 -14.2	Atlanta	St. Louis	42	23	11	.....	3	1
Service and relief to transients and travelers..	+0.1	+62.5 -25.6	Louisville	Cleveland	42	14	17	.....	1	5
Shelter care (lodgings)....	-20.1	+31.5 -85.5	Birmingham	Atlanta	42	6	30	.....	.....	1
Legal aid.....	-5.7	+35.1 -18.7	Kansas City, Mo.	Detroit	42	4	19	.....	2	11
Institutional care (adults).....	-3.4	+16.6 -14.5	Dallas	Detroit	42	7	16	.....	1	1

a/ Exclusive of areas for which the base was less than 50.

b/ Not computed because the base was less than 50.

Table 4.--Percentage change from 1940 in average monthly figures for selected types of child-welfare service in 42 urban areas, 1941

Type of service	Percent change		Area reporting greatest percent		Number of areas					
	Total	Range	Increase	Decrease	Total	Reporting				
						Increase a/	Decrease a/	Change not computed b/	No change	No or- ganized service
Protective and foster care..	-0.3	+28.5 -7.6	Kansas City, Mo.	Cleveland	42	17	20	.....	1	.....
In parents' homes.....	+1.8	+255.2 -36.9	Kansas City, Mo.	Birmingham	42	38	15	.....	1	.....
In relatives' homes.....	-2.2	+28.3 -17.1	Birmingham	Syracuse	42	20	16	.....	1	.....
In foster homes.....	-0.3	+26.9 -8.2	Dallas	Grand Rapids	42	38	17	.....	.....	.....
In institutions.....	-2.9	+28.4 -14.9	Sioux City	Duluth	42	8	30	.....	.....	.....
Day-nursery care.....	+2.5	+24.6 -28.8	Buffalo	New Orleans	42	22	10	.....	2	.....
Maternity-home care.....	0.0	+52.6 -11.7	St. Louis	Cleveland	42	7	9	.....	.....	.....

a/ Exclusive of areas for which the base was less than 50.

b/ Percent change was not computed because base was less than 50.

### Family welfare and relief, private agencies.

Comparable reports from 1929 to 1940 from private agencies in 116 urban areas show that private-agency responsibility for family welfare and relief reached its peak during 1932. <sup>8/</sup> Since the launching of the Federal Emergency Relief Administration early in 1933 public agencies have taken over the major responsibility for providing financial assistance while private agencies have shown an increasing responsibility for providing professional social service to cases accepted for study and treatment. In the 42 urban areas a continuation of this trend is shown in that while the average monthly number of cases reported by private agencies showed practically no change in 1941 as compared with 1940, the number of cases receiving social service only increased 10 percent and the number of cases receiving financial assistance dropped 15 percent. However, the average monthly payment increased from \$16.40 per case during 1940 to \$18.22 during 1941 (figure 3). Only 6 percent of the total payments made to family welfare and relief cases in public and private agencies combined were received through private funds.

### Family welfare and relief, public agencies.

As compared with 1940 the average number of cases receiving general relief from public agencies in the 42 urban areas during 1941 dropped 34 percent. In contrast to the average experience of the combined areas, Washington, D.C., New Orleans, and Louisville showed increases in average monthly number of cases. The general reduction in 1941 was a continuation of the downward movement that started in 1940. Although the number of cases assisted by public agencies decreased sharply, the average monthly payment per case was practically the same during the 2 years, being \$26.60 in 1940 as compared with \$25.97 in 1941 (figure 3).

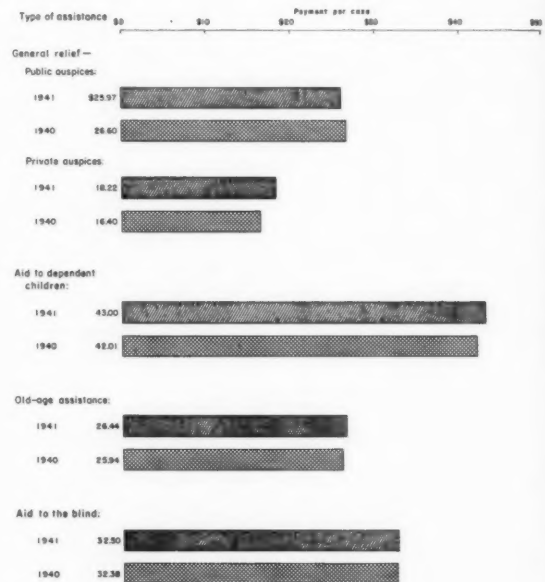
### Special types of public assistance.

In 1935 the Social Security Act authorized Federal grants for three special types of public assistance—old-age assistance, aid to dependent children, and aid to the blind—to States with plans approved by the Social Security Board. Each program as reported to the Social Security Board by 116 urban areas combined has shown a continued expansion since 1935. From 1940 to 1941 the combined reports from the 42 urban areas <sup>9/</sup> showed an increase of 15 percent in the average monthly number of aid-to-dependent-children cases, an increase of 10 percent in the average monthly number of old-age-assistance cases, and an increase of 2 percent in the average monthly number of aid-to-

the-blind cases (table 3). Each type of special assistance case showed some increase in the average monthly payment granted (figure 3). During 1941 the total payments for old-age assistance in the 42 areas combined amounted to more than 3 times the amount paid for aid to dependent children and more than 20 times the amount paid for aid to the blind. On the basis of the 1940 census population for the combined areas the annual payments in 1941 for old-age assistance averaged \$4.43 per capita; for aid to dependent children, \$1.28 per capita; and for aid to the blind, \$0.21 per capita.

Percentage changes from 1940 to 1941 as reported by the urban areas individually showed wide variations; in aid-to-dependent children, from an increase of 91 percent in Wilkes-Barre to a decrease of 19 percent in Baltimore; in old-age assistance, from an increase of 99 percent in Atlanta to a decrease of 5 percent in Baltimore; and in aid to the blind, from an increase of 63 percent in Atlanta to a decrease of 14 percent in St. Louis.

FIG. 3—AVERAGE MONTHLY PAYMENT PER CASE BY TYPE OF ASSISTANCE IN 42 URBAN AREAS, 1941 AND 1940



### Service and relief to transients and travelers.

During 1940 and 1941, 40 of the 42 urban areas reported comparable statistics showing the volume of case-work service and relief to transients and travelers. However, the number of persons receiving only information, direction, or referral service was not reported on the monthly

<sup>8/</sup> Social Security Bulletin, February 1941, p. 80. Federal Security Agency, Washington, D.C.

<sup>9/</sup> By the end of 1941 each of the 42 urban areas had programs providing each type of special assistance, except that there was no program of aid to the blind in Louisville.

summaries prepared for the Children's Bureau. 10/

Four of every 5 agencies reporting this type of service in 1941 were affiliated with the National Travelers Aid Association. During 1941 a monthly average of 12,249 cases were reported as receiving case-work service and relief in this special type of separately organized community service for transients and travelers. As compared with 1940 this figure represented practically no change. Unattached individuals comprised approximately three-fourths of the total number of cases reported. Slightly less than two-thirds (64 percent) of the total cases reported were classified as receiving service only. Service-only cases in 1941 showed an increase of 12 percent over 1940, and cases receiving financial assistance showed a decrease of 16 percent. Financial assistance to transients and travelers (exclusive of shelter care) averaged \$6.28 per case per month in 1941 and \$8.80 per case in 1940.

#### Shelter care for homeless or transient persons.

Reports in the field of shelter care show that the year 1935 was the all-time high for this type of service. 11/ The 1935 peak was attributable in large measure to the availability of Federal funds for this service from 1933 through 1935. During 1936, with the withdrawal of Federal funds, the number of meals and lodgings reported dropped approximately 65 percent. From the low point of 1936 a gradual increase was recorded in shelter care through 1938. A downward movement began in 1940, and by 1941 a marked reduction was reported in shelter-care service, amounting to one-fourth of the 1940 volume of meals and one-fifth of the 1940 volume of lodgings (appendix table 2).

#### Shelter-care auspices.

In contrast with the family welfare and relief program where public responsibility continued to be predominant after the withdrawal of Federal funds, shelter-care programs were continued after the close of 1935, primarily through private agencies. In 1941 approximately two-thirds of the

10/ As previous analyses of this type of separately organized program of service and relief to transients and travelers have indicated the relative numerical prominence of the information, direction, and referral service, it is important that the exclusion of this type of service be kept in mind when reviewing the tabulations given in this article. Furthermore, it should be noted that meals and lodgings provided to transients and travelers as a separately organized type of service are reported in the field of shelter care and not in this field.

11/ Meals and lodgings provided by self-supporting agencies and commercial lodging houses operated for persons of low income are not included in the tabulations discussed in this article. Agencies included in this classification provide separately organized shelter care for homeless and transient persons in need on a temporary basis.

shelter care provided in the 42 urban areas was reported by private agencies, including the Salvation Army, Volunteers of America, Catholic, Protestant, and Jewish agencies, and nonsectarian agencies such as missions and sailors' homes. Moreover, the percentage decrease from 1940 reported in 1941 was considerably less for private agencies than for public agencies (appendix table 2). The average monthly number of meals provided by public agencies in 1941 showed a decrease of 39 percent; but the decrease shown by private agencies was only 10 percent. Public agencies reported a 38-percent decrease in lodgings provided while private agencies showed a decrease of only 6 percent.

#### CHILD WELFARE

The types of child-welfare work discussed in this section are protective and foster care of dependent and neglected children, day-nursery care, and maternity-home care. Other important services to children are presented in other sections of this article. Aid to dependent children is considered under the section on family welfare and relief. Child-guidance service provided in mental-hygiene clinics, physical examination of school children, and other health services to children are included in the health section. The group-work services of private agencies, including nursery-school and kindergarten programs (as distinguished from day-nursery care provided to meet a family need) are reported in the group-work field. 12/

#### Services provided during 1941.

During the year 1941 the average number of children receiving protective and foster care on the last day of the month was 104,349; day-nursery care, 8,398 children; and the average number of women under care in maternity homes, 1,987. 13/ The distribution of these 113,000 children and 2,000 women by type of service and by agency auspices shows that 36 percent of the total number under care were children who received protective care and supervision while living in the homes of their parents or relatives; 33 percent received foster-home care; 22 percent, care in institutions for

12/ Other important services provided for children by agencies in the reporting areas but not covered by this article include special types of care for physically and mentally handicapped children, care and treatment of delinquent children, public-agency programs that provide day care of children, and self-supporting and commercially operated programs serving children.

13/ All statistics included in this analysis were adjusted by residence of the children by the various urban areas reporting these services. However, all women under care of maternity homes, whether or not they were residents of the registration area, were considered for purposes of these tabulations as being the responsibility of the reporting area.

dependent and neglected children; 7 percent, day-nursery care; and 2 percent were women under care in maternity homes.

Public-agency administration predominated in foster-home programs for children but was not apparent in day-nursery and maternity-home care (figure 4). Responsibility in public agencies for the direct care of dependent and neglected children had not been established by January 1940 in Detroit, Cincinnati, San Francisco, and Grand Rapids. However, during the latter part of 1940, Cincinnati organized a public-agency program. The first direct services reported by this agency covered the month of January 1941. <sup>14/</sup> Thirteen areas reported no institutional care for dependent and neglected children provided by public agencies. Canton was the only area that reported no private agency operating an institution for the care of dependent and neglected children. Six of the 42 areas reported that no day-nursery program was in existence during the years 1940 and 1941 (table 4, p. 7). These areas were Akron, Canton, Des Moines, Duluth, Grand Rapids, and Wilkes-Barre.

#### Percentage change from 1940.

During 1941 the average monthly number of children receiving protective and foster-care or

Table 5.—Average monthly number of children receiving child-welfare services by selected types of care and by agency auspices in 38 urban areas, 1941

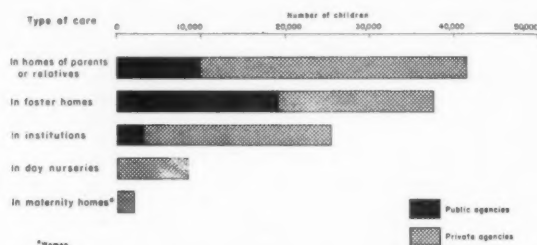
Type of care	Total		Auspices		Percent change from 1940 in--		
	Number	Percent	Public	Private	Total	Auspices	
						Public	Private
Total persons.....	114,734	100.0	32,076	82,658	-0.1	+2.9	-1.2
Protective and foster care, total.....	104,349	91.0	32,076	72,273	-0.3	+2.9	-1.7
In parents' homes.....	35,652	31.0	7,307	28,345	+1.8	+5.8	+0.9
In relatives' homes.....	5,843	5.0	2,506	3,337	-2.2	-0.2	-3.6
In foster homes.....	37,537	33.0	19,128	18,409	-0.3	+3.6	-4.0
In institutions.....	25,317	22.0	3,135	22,182	-2.9	-5.0	-2.5
Day-nursery care.....	8,398	7.0	.....	8,398	+2.5	.....	+2.5
Maternity-home care <sup>a/</sup> .....	1,987	2.0	.....	1,987	.....	.....	.....

<sup>a/</sup> Women.

day-nursery care, and women receiving maternity-home care was practically the same (-0.1) as the corresponding figure for 1940 (table 5). However,

<sup>14/</sup> The extent to which public funds supported the various types of child-welfare services in 1941 was not reported. However, previously published reports have indicated that public funds represent an important proportion of the total funds received by private agencies for children. See *Social Statistics*, Dec. 1940, p. 14, and The Community Welfare Picture, June 1939 and June 1941.

FIG. 4.—AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING CHILD-WELFARE SERVICES BY SELECTED TYPES OF CARE IN 38 URBAN AREAS, 1941



public agencies showed an increase of 3 percent and private agencies showed a decrease of 1 percent, the continuation of a trend that has been apparent for some years. However, the number of dependent and neglected children receiving care in public institutions decreased (table 5). In contrast, although the average monthly number of children in all foster homes in 1941 was practically the same as in 1940, public-agency programs showed a 4-percent increase, and private-agency programs showed a decrease of 4 percent. In 1940 public agencies administered 49 percent of the total foster-home service and in 1941, 51 percent.

#### Foster-home care in individual areas.

When examined by individual area, the trends in private and public foster-home care showed considerable variation. Reports from 18 of the areas indicated a percentage increase in public-agency programs ranging from 0.9 percent in Buffalo to 60.0 percent in Dallas (table 6). In addition, one area (Cincinnati) initiated a public-agency foster-home program early in 1941. Three areas (San Francisco, Detroit, and Grand Rapids) reported that no public agency administered care to

Table 6.--Average monthly number of children receiving foster-home care on last day of month in 38 urban areas, 1941

Area	Total	Auspices		Percent change from 1940 in--		
		Public	Private	Total	Auspices	
					Public	Private
Total, 38 areas.....	37,537	19,128	18,409	-0.3	+3.6	-4.0
Chicago.....	5,398	1,575	3,823	+0.1	-1.9	+1.0
Los Angeles.....	2,304	1,392	912	-1.4	-0.6	-2.7
Detroit.....	2,777	.....	2,777	-2.0	.....	-2.0
Pittsburgh.....	2,119	1,665	454	-7.3	-7.6	-6.4
Cleveland.....	3,128	2,436	692	-3.7	-4.2	-1.7
St. Louis.....	1,913	1,295	618	+1.1	-1.4	+6.7
Baltimore.....	1,145	256	889	-6.3	a/	-25.2
Buffalo.....	1,785	1,392	393	-1.3	+0.9	-8.6
Milwaukee.....	826	232	594	+6.6	+12.1	+4.6
Washington, D. C.....	1,290	1,141	149	+1.9	0	+1.9
San Francisco.....	1,479	.....	1,479	-0.2	.....	-0.2
Cincinnati.....	913	347	566	+1.7	b/	-37.0
Houston.....	430	58	372	+15.3	+9.4	+16.3
Minneapolis.....	946	379	567	-1.9	+13.5	-10.0
New Orleans.....	218	127	91	+23.2	+47.7	0
Atlanta.....	433	256	177	+13.1	+8.5	+20.4
Kansas City, Mo.....	353	155	198	+16.5	+12.3	+20.0
Indianapolis.....	1,383	1,080	303	+0.4	+5.8	-15.1
Birmingham.....	346	208	138	+0.6	+3.5	-3.5
Dallas.....	137	80	57	+26.9	+60.0	-1.7
Columbus.....	468	291	177	-3.9	+3.6	-14.1
Louisville.....	709	561	148	-6.0	-9.7	+11.3
Akron.....	298	142	156	+11.2	+20.3	+4.0
Denver.....	530	286	244	-2.2	-1.4	-3.2
St. Paul.....	1,169	655	514	+5.7	+10.6	0
Dayton.....	442	212	230	-2.4	-4.9	0
Richmond.....	373	176	197	+4.2	+17.3	-5.3
Providence.....	599	446	153	-2.3	-4.3	+4.1
Hartford.....	749	526	223	-1.6	+2.9	-10.8
Omaha.....	224	54	170	+5.2	-8.5	+10.4
Grand Rapids.....	78	.....	78	-8.2	.....	-8.2
Canton.....	533	222	311	+3.7	+57.4	-16.6
New Haven.....	641	519	122	-4.3	-2.1	-12.9
Syracuse.....	536	413	123	-4.6	-1.4	-14.0
Des Moines.....	215	72	143	+10.3	+26.3	+3.6
Wichita.....	147	11	136	+14.0	a/	+14.3
Sioux City.....	32	16	16	a/	a/	a/
Duluth.....	472	453	19	+8.3	+6.8	a/

a/ Not computed because the base was less than 50.

b/ Area reported no children under care of public agencies prior to January 1941.

children in foster homes; however, each of these areas reported a decrease in private-agency foster-home service. Twelve areas reported a decrease in public-agency service, ranging from 1.4 percent in St. Louis to 9.7 percent in Louisville.

#### Institutional care.

The combined areas showed a decrease of 2.9 percent in 1941 as compared with 1940 in institutional care of dependent and neglected children.

Thirty areas reported a decrease ranging from 0.1 percent in Baltimore to 14.9 percent in Duluth. On the other hand, 8 areas reported an increase in this type of care ranging from 0.2 percent in Dallas to 28.4 percent in Sioux City. A steady decline in institutional care for dependent and neglected children has been reported for several years. <sup>15/</sup>

<sup>15/</sup> Social Statistics, December 1940 (p. 15).

Day-nursery care.

The combined areas showed a 2.5-percent increase in day-nursery care in 1941 as compared with 1940. Twenty-two areas showed an increase in the number of children receiving day-nursery care during 1941. The percentage increase ranged from 0.8 percent in Atlanta to 24.6 percent in Buffalo. Fourteen of these 22 areas showed an increase of 5 percent or more. On the other hand, 10 areas showed a decrease, ranging from 1.1 percent in Louisville to 29.8 percent in New Orleans.

Maternity-home care.

Comparable reports for the years 1937 through 1941 show a small but steady decrease in the number of women receiving maternity-home care. <sup>16/</sup> However, from 1940 to 1941 there was no change in this type of care for the combined reporting areas.

Individually, the areas showed considerable variation from the average reported for all areas. The greatest percentage increase in 1941 as compared with 1940 was reported by St. Louis (53 percent), and the greatest decrease was shown by Cleveland (12 percent).

## HEALTH

In terms of the average monthly volume of service provided, the reports for the various programs included in the health field for 1941 in the 42 areas may be ranked in the following descending order of importance: Hospital in-patient; clinic; public-health nursing; school hygiene; mental-hygiene clinic; medical service in patient's home and in doctor's office, and medical-social service. Hospital in-patient service showed the usual preponderance, being twice as large as any of the other services. All of these services were

Table 7.--Average monthly figures for selected types of health service by auspices in 42 urban areas, 1941

Type of service	Total	Auspices		Percent change from 1940 in--		
		Public	Private	Total	Auspices	
					Public	Private
<b>Hospital patient-days:</b>						
General and special.....	2,188,436	693,422	1,495,014	+4.3	-2.7	+7.9
Tuberculosis.....	323,351	291,351	32,000	+2.5	+3.5	-5.9
Chronic illness.....	19,730	.....	19,730	+6.1	.....	+6.1
<b>Medical service:</b>						
Clinic visits a/.....	1,322,793	749,575	573,218	-6.3	-7.4	-4.9
Home visits.....	46,109	44,993	1,116	-12.1	-11.5	-32.3
Examinations b/.....	86,557	85,695	862	-2.3	-2.5	+15.1
Mental-hygiene-clinic cases.....	5,353	1,541	3,812	-5.0	-5.9	-4.7
<b>Public-health-nursing visits, total c/</b>	<b>467,680</b>	<b>267,432</b>	<b>200,248</b>	<b>-0.5</b>	<b>-0.4</b>	<b>-0.6</b>
Maternity-case visits.....	63,878	20,445	43,433	-1.1	-3.7	+0.1
<b>Medical-social service (patients).....</b>	<b>39,550</b>	<b>16,083</b>	<b>23,467</b>	<b>-3.1</b>	<b>-3.5</b>	<b>-2.8</b>

a/ Does not include visits to separately organized mental-hygiene clinics.

b/ Limited to separately organized school health programs.

c/ Includes both field and office visits except office visits provided in separately organized school health programs.

<sup>16/</sup> Maternity-home care is distinguished from maternity-hospital in-patient care in that maternity-home care is a type of continued institutional care provided to women requiring such care preceding and following childbirth, whereas maternity-hospital in-patient care is usually limited to care at the time of delivery and the lying-in period. A large number of maternity homes, however, provide delivery service in the home in addition to institutional care before and after the birth of the child. The average length of stay of women admitted to maternity-hospital in-patient service was 10 days for the period January-June 1940, but the average length of stay of women admitted to maternity-home care during 1940 was 94 days.

administered in part by public and in part by private agencies. Public agencies administered the larger part of two types of services: Clinic visits (other than separately organized mental-hygiene clinics) and public-health-nursing service (table 7).

There was a decline in 1941 in the volume of each of the selected health services except hospital in-patient service, and in this field the 4-percent increase (in total service) was accounted for entirely by private hospital service.

Among the individual areas, however, the change from 1940 to 1941 showed wide variations from the combined monthly averages, especially in tuberculosis hospital service, physical examinations by physicians in school-health programs, and

Table 8.--Percentage change from 1940 in average monthly figures for selected types of health service in 42 urban areas, 1941

Type of service	Percent change			Area reporting greatest percent		Number of areas						
	Total	Range		Increase	Decrease	Total	Reporting				Not re- porting	
		From	To				In- crease a/	De- crease a/	Change not computed b/	No change		No or- ganized service
Hospital patient days: General and special...	+4.3	+20.9	-2.1	Canton	Richmond	42	25	5	.....	.....	.....	12
Tuberculosis.....	+2.5	+76.3	-21.9	San Francisco	Dayton	42	30	11	.....	.....	2	12
Chronic illness.....	+6.1	+27.8	+2.1	St. Louis	c/	42	30	4	.....	.....	26	12
Medical service:												
Clinic visits d/.....	-6.3	+10.6	-18.5	Omaha	Grand Rapids	42	38	8	.....	.....	.....	4
Home visits.....	-12.1	+22.5	-60.4	Kansas City, Mo.	New Orleans	42	25	8	.....	.....	1	17
Examinations e/.....	-2.3	+98.4	-76.9	Wichita	New Orleans	42	35	17	1	2	2	7
Mental-hygiene-clinic cases.....	-5.0	+18.3	-36.1	St. Louis	Washington, D. C.	42	36	9	6	.....	7	6
Public-health-nursing visits f/, total.....	-0.5	+18.8	-16.9	Akron	Sioux City	42	35	15	.....	.....	.....	7
Maternity-case visits.	-1.1	+25.8	-26.6	Houston	Akron	42	35	15	.....	.....	.....	7
Medical-social service (patients).....	-3.1	+143.3	-37.5	Atlanta	Richmond	42	34	5	1	.....	9	8

a/ Exclusive of areas for which the base was less than 50.

b/ Not computed because the base was less than 50.

c/ No area showed a decrease.

d/ Does not include visits to separately organized mental-hygiene clinics.

e/ Limited to separately organized school health programs.

f/ Includes both field and office visits except office visits provided in separately organized school health programs.

medical-social service (table 8, p. 13). In each type of service a substantial increase was found in a number of areas.

#### Hospital in-patient service.

Hospital in-patient services included in this article are classified in three groups by type of hospital: i.e., general and special, tuberculosis, and chronic illness.<sup>17/</sup> Public hospitals accounted for about one-third of the total patient-days reported by general and special hospitals and for about nine-tenths of the total patient-days reported by tuberculosis hospitals. None of the hospitals for chronic illness that reported are under public auspices. The proportion of patient-days provided free to patients was 42 percent in general and special hospitals, 92 percent in tuberculosis hospitals, and 53 percent in hospitals for chronic illness (table 9).

Reports received from general and special hospitals in a smaller number of urban areas for the period covering 1936 through 1939 showed a steady expansion in the number of patient-days provided by general and special hospitals. This increase, however, was limited to private hospitals, which showed an increase of 11 percent between 1936 and 1939. Public hospitals showed no change in the volume of patient-days during that period.<sup>18/</sup> While this general upward trend continued through 1941 for private hospitals in the 30 areas included in this article, public hospitals reported a slight decrease (2.7 percent) in the number of patient-days provided in 1941 as compared with 1940. Of special interest is the fact that although total days' care increased in private hospitals, the free days' care provided by these hospitals decreased more (8.5 percent) than free days' care in public hospitals (4.5 percent). (See appendix table 2.)

Maternity cases and children under 14 years of age (exclusive of live births) accounted for about one-third of the total admissions to general and special hospitals during 1941. For the combined reporting areas the number of maternity cases admitted increased 17 percent during 1941 as compared with 1940. Furthermore, every area showed an increase in the number of maternity cases admitted to hospital care. The greatest increase was reported by hospitals in Canton (30 percent) and the smallest increase (7 percent) by those in Wilkes-Barre. Table 10 shows the number of maternity cases and children under 14 years of age admitted, and the number of live births reported by general and special hospitals for each area. Public hospitals reported an increase of 7 percent in maternity cases admitted during 1941, and private hospitals reported a 19-percent increase. Seven of the 30 areas reported that no maternity cases

<sup>17/</sup> Among the hospital in-patient services excluded from the figures presented in this article are services provided by hospitals organized for profit, industrial hospitals, hospitals caring for the insane, feeble-minded, epileptic, blind, or deaf, and hospitals for marines and ex-soldiers.

<sup>18/</sup> Social Statistics, September 1940 (p. 14).

were admitted to public hospitals. In 3 other areas there are no public hospitals.

#### Health services other than hospital in-patient service.

A summary of the average monthly count of the selected professional health services presented in this article is given in table 7. Ranked in the order of the volume of service reported, these services other than hospital in-patient service include visits to clinics (other than separately organized mental-hygiene clinics), public-health-nursing visits, physical examinations of children by physicians in separately organized school-health programs, home medical visits, medical-social service, and cases served by mental-hygiene clinics.<sup>19/</sup>

Clinic service.—During 1941 the average monthly number of visits to clinics in the 38 reporting areas amounted to almost one and a third million visits (1,322,793). This number represented a decrease of 6 percent from that reported for 1940 and a continuation of the decline from the peak year, 1939.<sup>20/</sup> Thirty of the 38 areas reporting comparable figures for the years 1940 and 1941 showed a decrease in the number of clinic visits during 1941. The variations among individual areas from the average decrease of 6 percent for the 38 areas combined ranged from a decrease of 19 percent in Grand Rapids to an increase of 11 percent in Omaha (table 8).

Public-health-nursing service.—The average monthly number of public-health-nursing visits reported for the 35 reporting areas was nearly half a million (467,680). Visits to maternity cases accounted for 14 percent of the total visits. Private agencies reported more than

<sup>19/</sup> The statistical unit of service counted for each type of health program other than hospital in-patient care is the professional service provided to an individual (except for mental-hygiene clinics where the count is the case served). Professional services which are the bases of statistical count include: Medical service provided during a patient's visit for clinic other than mental-hygiene clinic; physical examinations given by physicians for the school health program; home visits made by physicians for the medical-care program; and home and office visits provided by nurses for the public-health-nursing program. The unit of count for medical-social services is the patient who receives medical-social service by a staff member of the medical-social-service department of a hospital or clinic.

<sup>20/</sup> "The average monthly number of clinic visits during 1940 was 17 percent above the average for 1936 and only slightly below that in the year 1939, when the highest figure was reached. The increase over the 5-year period took place almost entirely in 1938 when the number of visits to both public and private clinics rose markedly, averaging 15 percent over the number in the preceding year." Social Statistics, December 1941 (p. 13).

Table 9.--In-patient service provided by hospitals of specified types in 30 urban areas, 1941

Type of hospital and auspices	Number of hospitals	Number of admissions <sup>a/</sup>	Number of patient-days		
			Total	Free to patient	
				Number	Percent of total
General and special.....	385	1,937,220	26,261,227	11,121,257	42
Public.....	57	451,632	8,321,058	7,583,183	91
Private.....	328	1,485,588	17,940,169	3,538,074	20
Tuberculosis.....	43	13,278	3,880,207	3,560,344	92
Public.....	31	11,313	3,496,210	3,311,771	95
Private.....	12	1,965	383,997	248,573	65
Chronic illness (private).....	7	387	236,760	125,576	53

<sup>a/</sup> Exclusive of live births.

Table 10.--Number of admissions of maternity cases and children under 14 years of age, and number of live births as reported by general and special hospitals in 30 urban areas, 1941

Urban area	Admissions		Live births	Percent change from 1940 in--		
	Maternity cases	Children under 14 years of age		Admissions		Live births
				Maternity cases	Children under 14 years of age	
Total, 30 areas.....	310,512	310,672	280,299	+16.7	+1.0	+16.2
Public auspices.....	58,969	80,651	46,956	+6.6	+0.6	+5.2
Private auspices.....	251,543	230,021	233,343	+19.3	+1.2	+18.8
Chicago.....	54,077	54,645	48,094	+17.0	-0.3	+16.8
Detroit.....	30,114	27,154	28,492	+19.6	+15.8	+19.2
Pittsburgh.....	22,295	19,424	20,435	+16.2	-4.3	+16.3
Cleveland.....	19,760	14,952	17,921	+19.9	-0.1	+19.3
St. Louis.....	17,536	16,458	15,673	+15.5	+4.0	+14.6
Baltimore.....	16,650	17,463	14,925	+17.1	-7.9	+17.0
Buffalo.....	12,092	10,816	11,340	+18.7	+1.8	+20.1
Milwaukee.....	11,427	15,338	10,869	+14.1	+2.5	+13.2
Washington, D. C.....	13,327	13,136	12,251	+15.0	-1.4	+13.6
San Francisco.....	8,941	10,767	8,104	+9.8	+4.9	+10.1
New Orleans.....	14,283	24,332	11,627	+19.7	+3.5	+17.2
Atlanta.....	8,655	4,994	7,652	+7.6	-1.4	+10.6
Kansas City, Mo.....	7,108	7,673	6,347	+13.1	-9.5	+9.1
Indianapolis.....	8,020	9,725	7,062	+16.2	-2.1	+13.4
Birmingham.....	4,523	5,761	3,887	+18.7	+8.4	+14.5
Dallas.....	6,895	6,222	5,829	+16.1	+7.4	+15.3
Columbus.....	6,093	5,002	5,719	+17.4	-6.0	+16.8
Akron.....	5,255	4,979	4,906	+22.7	-8.5	+21.4
St. Paul.....	6,262	8,478	5,748	+9.4	+3.1	+7.3
Dayton.....	5,545	3,211	5,191	+19.9	-1.5	+22.4
Richmond.....	3,010	3,854	2,058	+28.0	+23.7	+29.2
Grand Rapids.....	3,525	3,093	3,219	+16.4	-2.9	+17.1
Canton.....	4,168	1,973	3,883	+30.3	+12.1	+30.2
New Haven.....	3,738	2,921	3,558	+15.4	-4.5	+17.5
Wilkes-Barre.....	2,403	2,680	2,079	+6.9	+5.2	+11.2
Syracuse.....	4,736	4,460	4,167	+14.4	a/	+14.4
Des Moines.....	2,741	3,286	2,571	+8.5	-7.0	+9.0
Springfield, Mass.....	3,311	3,405	3,015	+20.3	-0.5	+21.8
Sioux City.....	1,838	2,252	1,692	+16.3	-6.7	+15.6
Duluth.....	2,184	2,218	1,985	+10.0	-5.1	+10.6

<sup>a/</sup> Less than 0.05 percent.

Table 11.--Percentage change from 1940 in average monthly figures for selected statistics of group work, and the social-service exchange, in 42 urban areas, 1941

Type of service	Percent change		Area reporting greatest percent		Number of areas							
	Total	Range		Increase	Decrease	Total	Reporting				Not re- re- porting	
		From	To				Total	In- crease	De- crease	Change not computed		No or- ganized service
Attendance at group activities other than Boy Scout, Girl Scout, and Camp Fire Girl programs.....	-1.2	+39.7	-20.8		Richmond	New Haven	42	30	10	20	.....	12
Members of Boy Scout, Girl Scout, and Camp Fire Girl Councils.....	+5.2	+25.1	-4.8		Houston	Providence	42	36	29	7	.....	6
Boy Scouts.....	+4.5	+27.7	-11.1		Houston	Wilkes-Barre	42	36	25	11	.....	6
Girl Scouts.....	+6.7	+46.6	-9.9		Dallas	Sioux City	42	36	28	7	.....	6
Camp Fire Girls.....	+6.0	+57.1	-12.5		Cincinnati	Syracuse	42	39	14	6	.....	3
Social-service-exchange clearings.	-9.1	+93.4	-42.5		Omaha	Grand Rapids	42	41	9	32	.....	1

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twice as many visits of this type (43,433) as did public agencies (20,445). However, public agencies reported 57 percent of the total number of public-health-nursing visits (appendix table 2). The total volume of nursing visits during 1941 as compared with 1940 showed a decrease of less than 1 percent and reflects the continuation of a slightly downward trend which began in 1939. Comparable statistics from 17 areas show that the number of visits during 1940 was lower than in any of the 3 preceding years and was 4 percent lower than in 1939.

#### GROUP WORK

During the year 1941 total attendance at group activities as reported by 304 established private agencies showed a slight decrease (-1.2 percent) as compared with the attendance reported by the same agencies for the year 1940 (table 11). This decrease represented the continuation of a slight downward movement shown in reports received from a smaller number of agencies for the period 1938-42. <sup>21/</sup> Tabulated separately and not included in either of these attendance summaries were the monthly reports of membership in Boy Scout, Girl Scout, and Camp Fire Girl programs.

Including a count of the Boy Scout, Girl Scout, and Camp Fire Girl councils, the 30 urban areas reporting the group-work service of private agencies submitted monthly reports from 375 agencies. More than half of these agencies (191) were identified as settlements and centers, the other half included Y.M.C.A.'s (31), Y.W.C.A.'s (33), Boy Scouts (28), Girl Scouts (28), Camp Fire Girls (15), boys' clubs (14), and 35 other agencies. <sup>22/</sup> (See table 12).

For the 30 areas reporting in the broad field of group work, the unduplicated counts of members (cumulative) are available for 1940 but are incomplete for 1941. However, assuming that the 1940 ratio of 31 attendances at organized, definitely scheduled groups to cumulative membership <sup>23/</sup> would be approximately correct for 1941, the combined cumulative membership figure for the 304 agencies reporting in 1941 would total an estimated 816,115 persons as compared with an estimated total of 817,113 persons in 1940. Similarly, if the ratio of 1.5 members per council per month obtaining in

<sup>21/</sup> *Social Statistics*, Dec. 1941 (pp. 4 and 5).

<sup>22/</sup> Statistics of group-work activity are limited because the activities of this broad field of service are difficult to adapt to statistical units of count. Statistical definition of the field itself is perhaps even more difficult. Tabulations presented in this article do not include reports of public-agency group-work service, primarily because statistical definitions covering the wide range of activities supervised by public agencies directing leisure-time programs have not yet been satisfactorily formulated.

<sup>23/</sup> *Social Statistics*, December 1941 (p. 10).

Table 12.--Estimated cumulative membership based on reports received from private group-work agencies in 30 urban areas, 1941

Type of organization	Number of agencies	Urban areas represented	Estimated cumulative membership
Total.....	375	30	1,298,249
Total, other than Boy Scout, Girl Scout, and Camp Fire Girl councils..	304	30	816,115
Settlements and centers.	191	28	
Y.M.C.A.....	31	28	
Y.W.C.A.....	33	29	
Boys' clubs.....	14	11	
Other.....	35	22	
Total Boy Scout, Girl Scout, and Camp Fire Girl councils.....	71	28	482,134
Boy Scouts.....	28	28	
Girl Scouts.....	28	28	
Camp Fire Girls.....	15	15	

1940 were carried into 1941, the cumulative membership figure for the 71 Boy Scout, Girl Scout, and Camp Fire Girl councils reporting in 1941 would total an estimated 482,134 persons as compared with an estimated total of 458,162 persons in 1940. <sup>24/</sup>

The average monthly membership in Boy Scout, Girl Scout, and Camp Fire Girl organizations in the combined 36 areas reporting totaled 324,552 during 1941. <sup>25/</sup> This figure represented a 5-percent increase as compared with 1940 (table 11).

Seven of the areas, however, reported decreases, all of which were less than 5 percent. Of the 29 areas showing increases 12 areas reported increases of less than 5 percent and only 5 areas reported increases of more than 10 percent. The largest increase was reported by Houston (25 percent).

<sup>24/</sup> In addition, the summary tabulations included membership reports for Boy Scouts from Atlanta, Boston, Buffalo, Los Angeles, Newark, Pittsburgh, Grand Rapids, and Wilkes-Barre; for Girl Scouts from the same areas except Grand Rapids; and for Camp Fire Girls from the same areas except Newark, Pittsburgh, and Wilkes-Barre.

<sup>25/</sup> This figure represented about 17 percent of the boy and girl membership reported for the United States by all Boy Scout, Girl Scout, and Camp Fire Girl councils.

Appendix table 1.—Average monthly figures for selected types of

Area a/	Family welfare and relief											Child-welfare service									
	Private agency cases	Transient and traveler cases	Cases receiving public assistance				Institutional care				Legal-aid cases opened	Children under protective and foster care					Children on day-nursery registers	Women under care in maternity homes			
			Public general relief	Special types of assistance			Days' care to adults	Shelter		Total		In parents' homes	In relatives' homes	In foster homes	In institutions						
				Aid to dependent children	Old-age assistance	Aid to the blind		Meals	Lodgings												
All areas reporting, total.	73,412	12,249	296,279	66,045	372,701	14,299	858,030	928,122	344,752	10,742	104,349	35,692	5,843	37,537	25,317	8,198	1,987				
Public auspices.....	.....	2,892	296,279	66,045	372,701	14,299	863,930	931,435	349,411	1,563	32,076	7,307	2,906	19,128	13,155	.....	.....				
Private auspices.....	73,412	9,357	.....	.....	.....	.....	374,127	596,687	225,341	9,179	72,273	28,345	3,137	18,409	22,182	8,398	1,987				
Chicago.....	8,845	1,070	66,467	2,530	51,120	2,203	217,596	72,906	31,268	1,310	12,229	1,724	297	5,398	4,810	1,188	151				
Los Angeles.....	8,241	505	22,193	4,081	64,594	3,431	101,433	32,376	324	5,772	1,557	173	2,304	1,738	662	94	155				
Detroit.....	2,094	2,071	17,918	7,512	15,328	228	125,789	67,125	20,581	1,693	9,821	5,806	305	2,777	1,012	99	123				
Pittsburgh.....	4,006	248	25,041	8,933	13,490	1,448	114,812	32,215	364	7,082	3,021	434	2,119	1,508	99	89	106				
Cleveland.....	3,178	675	15,869	1,580	10,535	405	60,998	18,718	472	6,046	1,668	290	3,128	999	510	106	492				
St. Louis.....	2,905	47	5,606	2,955	14,354	961	64,885	22,165	472	4,066	833	115	1,913	1,185	.....	.....	.....				
Baltimore.....	2,917	463	6,026	3,244	7,434	387	55,059	8,377	8,110	409	2,440	355	101	1,145	839	264	30				
Buffalo.....	1,547	47	10,821	1,194	4,937	142	51,452	63,054	26,649	428	4,910	1,146	405	1,785	1,174	71	93				
Boston.....	5,962	582	12,187	4,296	15,754	342	28,689	14,926	819	47	.....	.....	.....	.....	.....	.....	123				
Milwaukee.....	3,595	175	11,581	2,077	9,191	370	49,553	17,955	10,107	241	2,183	386	179	826	992	448	63				
Washington, D. C.....	2,551	1,376	2,160	986	3,905	235	.....	.....	.....	197	2,527	234	296	1,290	777	222	67				
San Francisco.....	3,399	211	6,212	1,093	11,734	580	71,793	9,036	6,849	327	3,220	769	79	1,479	893	499	86				
Cincinnati.....	2,913	196	7,082	816	9,688	261	.....	39,098	11,988	529	6,283	3,867	652	913	851	282	83				
Houston.....	395	116	1,467	38	6,696	113	5,775	7,616	2,594	.....	1,131	285	86	490	330	62	17				
Minneapolis.....	807	640	7,235	1,534	11,900	220	27,280	.....	.....	187	4,664	3,278	287	946	153	96	99				
New Orleans.....	766	110	2,615	3,545	4,914	332	31,339	5,955	3,308	34	1,997	862	157	218	700	338	46				
Atlanta.....	974	162	2,289	691	4,067	187	11,142	1,874	529	255	912	103	77	433	299	373	33				
Kansas City, Mo.....	1,157	364	4,734	967	11,003	370	35,117	59,109	14,648	1,021	1,386	412	51	353	570	221	36				
Indianapolis.....	1,160	88	3,552	2,094	7,499	314	22,371	17,963	11,428	61	2,789	448	226	1,343	332	199	22				
Birmingham.....	351	236	819	1,237	2,018	87	7,436	7,300	3,184	.....	.....	769	101	77	346	245	191				
Newark.....	1,164	110	7,967	.....	.....	.....	.....	40,663	15,021	.....	.....	.....	.....	.....	.....	460	20				
Dallas.....	783	80	978	95	8,010	126	1,378	3,938	910	123	817	194	15	137	471	162	16				
Columbus.....	897	53	5,808	445	8,150	306	13,022	14,609	6,387	38	1,151	189	47	468	447	217	90				
Louisville.....	742	494	1,474	385	4,011	.....	.....	5,851	6,937	797	2,080	449	138	709	784	87	33				
Akron.....	1,088	47	3,827	287	3,991	89	8,691	14,087	4,826	.....	960	390	66	298	246	.....	14				
Denver.....	1,061	338	3,145	1,855	11,764	160	47	.....	.....	233	2,170	1,143	91	530	606	313	65				
St. Paul.....	1,592	123	4,577	774	5,014	127	30,721	710	409	57	1,102	1,296	169	1,169	134	173	72				
Dayton.....	482	47	2,423	335	5,837	128	5,463	423	258	.....	1,102	237	93	442	330	96	47				
Richmond.....	639	809	1,045	473	1,450	92	20,230	3,997	1,702	92	861	156	59	373	273	95	38				
Providence.....	538	161	2,862	488	2,999	41	15,973	14,578	5,237	71	2,851	1,728	209	599	315	350	14				
Hartford.....	793	153	1,160	133	2,515	52	.....	.....	.....	113	1,396	276	75	749	296	83	47				
Omaha.....	590	61	1,575	1,423	4,318	120	13,795	4,196	1,656	.....	868	273	28	224	336	79	39				
Grand Rapids.....	476	47	1,581	961	6,111	95	.....	13,168	4,055	108	237	75	5	78	79	.....	27				
Canton.....	133	45	1,103	265	4,022	93	8,796	4,530	2,694	.....	1,368	363	83	533	189	.....	.....				
New Haven.....	906	47	1,611	183	2,783	57	.....	14,504	4,776	246	1,146	209	21	641	275	258	.....				
Wilkes-Barre.....	1,071	48	5,426	2,408	2,496	373	.....	6,901	3,166	.....	.....	.....	.....	.....	.....	.....	.....				
Syracuse.....	435	33	4,322	396	3,167	52	.....	18,105	6,124	.....	1,357	324	58	536	439	.....	18				
Des Moines.....	412	42	3,280	217	4,496	216	.....	1,323	999	22	961	353	143	215	270	.....	38				
Springfield, Mass.....	562	121	1,544	418	2,990	.....	.....	.....	.....	271	.....	.....	.....	.....	.....	37	.....				
Wichita.....	272	47	2,464	595	1,999	86	.....	.....	.....	.....	317	37	11	147	122	52	27				
Sioux City.....	173	16	2,850	220	2,311	72	4,061	11,265	3,897	.....	1,824	1,030	58	32	199	151	47				
Duluth.....	598	54	4,525	1,020	4,489	99	21,837	10,880	5,869	.....	1,824	1,030	202	472	120	.....	28				

a/ Listed from largest to smallest area population (see appendix table 3).

b/ Exclusive of live births.

c/ Includes Boy Scouts, Girl Scouts, and Camp Fire Girls.

d/ Area did not report this type of service.

e/ Area reported there was no organized service of this type.

f/ Area not included because data were not available for 1940.

g/ Area reported tuberculosis hospital was closed June 1940.

h/ Area reported there was no hospital limiting its service to tubercular patients.

18 Note.—This table includes corrections received through March 14, 1942.

social and health service as reported by 42 urban areas, 1941

Women under care in maternity homes	Health service														Area of	
	Hospital in-patient						Medical service in--						Group-work			
	General and special			Tuberculosis			Clinic, other than mental (visits)	Patient's home (visits)	School health program (examinations)	Mental hygiene clinic (cases)	Public health-nursing (field and office) visits	Medical-social service (patients)	Attendance at group activities	Members on national program registers		Social-service-exchange change clinics
	Admissions	Patient-days	Free	Admissions	Patient-days	Free										
1,987	161,435	2,188,436	926,771	1,107	321,351	296,695	1,322,793	46,109	86,557	5,353	467,680	39,550	2,306,529	324,552	263,255	All areas reporting, total
.....	37,636	693,422	631,932	943	291,351	275,981	749,575	44,993	85,695	1,941	267,432	16,083	2,306,529	324,552	263,255	Public auspices
1,987	123,799	1,495,014	294,839	164	32,000	20,714	573,218	1,116	862	3,812	200,248	23,467	2,306,529	324,552	263,255	Private auspices
151	28,180	356,952	151,822	239	54,920	51,259	235,377	0	0	0	0	0	0	0	0	Chicago
94	14,427	202,972	88,138	107	28,753	25,942	116,884	3,398	1,033	184	29,969	8,799	0	0	0	Los Angeles
155	10,628	166,558	53,391	74	22,235	20,881	48,087	8,396	1,094	704	56,315	1,821	141,425	23,674	21,612	Detroit
85	9,272	131,243	49,405	32	13,083	12,891	50,547	1,705	0	242	0	1,705	0	17,954	10,950	Pittsburgh
106	10,228	151,851	68,316	68	24,407	22,189	77,301	5,856	6,039	407	32,524	4,287	204,944	14,447	18,077	Cleveland
87	0	0	0	0	0	0	0	0	0	0	19,051	2,440	159,978	21,604	10,584	St. Louis
30	6,437	144,342	71,560	144	40,268	35,867	70,924	1,797	6,856	0	22,901	1,526	58,475	12,919	8,573	Baltimore
93	5,905	86,360	31,595	31	13,279	12,241	30,155	0	7,284	0	17,789	1,842	0	18,340	5,263	Buffalo
123	6,560	71,877	22,989	50	16,840	14,307	35,214	1,346	8,873	278	33,324	5,153	0	10,853	0	Boston
63	6,228	96,641	54,495	48	19,884	17,648	56,578	983	847	99	21,215	3,655	0	10,803	7,537	Milwaukee
86	6,726	98,736	37,728	40	7,746	6,509	54,898	2,447	3,515	0	14,448	0	129,409	10,522	12,195	Washington, D.C.
83	0	0	0	0	0	0	0	0	0	0	0	0	111,234	9,765	9,761	San Francisco
17	0	0	0	0	0	0	29,541	979	4,147	210	15,286	0	160,313	10,578	8,300	Cincinnati
99	0	0	0	0	0	0	29,453	476	4,081	161	6,430	0	70,398	7,670	6,208	Houston
49	6,727	107,019	77,855	11	1,526	1,526	16,946	290	1,509	0	10,881	0	103,154	9,976	10,164	Minneapolis
33	3,798	39,420	19,197	14	7,478	7,478	74,841	67	945	127	9,634	0	31,670	0	9,411	New Orleans
38	4,337	57,985	25,181	19	6,271	6,271	43,263	352	3,964	60	9,868	708	0	5,770	3,984	Atlanta
22	4,717	61,491	36,896	15	7,869	6,660	21,429	1,111	1,290	0	9,360	238	79,293	0	9,124	Kansas City, Mo.
29	2,778	27,263	13,120	30	3,193	2,997	17,933	2,051	2,135	108	11,482	0	87,515	0	3,931	Indianapolis
20	3,726	41,438	19,182	18	3,138	3,138	18,498	0	1,150	0	5,729	1,163	107,094	4,001	5,284	Birmingham
16	3,119	40,576	10,734	30	9,627	9,042	28,686	0	5,308	0	10,508	0	103,154	5,743	5,055	Newark
33	0	0	0	0	0	0	1,182	1,283	0	136	10,638	0	27,431	6,216	4,828	Dallas
14	2,329	24,413	4,481	18	5,193	4,880	14,819	1,365	614	0	8,755	0	110,122	6,176	2,598	Columbus
65	3,811	56,126	26,271	4	2,494	2,419	30,928	1,050	0	188	15,910	398	33,022	4,596	4,719	Louisville
72	2,164	26,448	7,628	13	3,015	3,015	0,464	895	1,662	43	12,805	0	52,826	6,460	2,218	Akron
38	1,363	23,871	15,851	17	6,103	5,608	14,989	2,021	828	291	9,588	0	85,923	8,948	3,120	Denver
14	0	0	0	0	0	0	16,132	1,197	354	222	7,182	2,032	47,513	8,529	10,971	St. Paul
39	1,531	20,887	5,862	11	3,942	3,904	0	0	0	0	0	0	0	0	0	Dayton
0	1,468	15,393	1,344	15	4,293	3,135	14,655	0	2,070	70	7,227	0	109,164	7,638	4,900	Richmond
0	2,097	28,676	4,703	7	1,531	1,531	0	0	0	0	0	0	0	0	0	Providence
0	1,198	14,313	7,339	0	0	0	0	0	0	0	0	0	0	0	0	Bartford
18	2,292	28,663	8,191	23	7,005	6,703	0	0	0	0	0	0	0	0	0	Omaha
38	1,658	16,891	3,789	5	1,705	1,499	0	0	0	0	0	0	0	0	0	Grand Rapids
27	1,579	23,038	5,317	0	0	0	3,584	0	2,326	124	5,512	173	0	0	0	Canton
47	14,219	11,735	11,590	2	732	732	6,355	0	1,583	0	1,986	0	0	0	0	New Haven
28	1,535	14,697	3,121	26	7,924	7,267	2,586	0	0	0	0	0	0	0	0	Wilkes-Barre

Appendix table 2.--Percentage change in average monthly figures for selected types of social

Area a/	Family welfare and relief										Child-welfare service									
	Private agency cases	Transient and traveler cases	Cases receiving public assistance				Institutional care				Legal-aid cases opened	Children under protective and foster care					Children on day-nursery registers	Women under care in maternity homes		
			Public general relief	Special types of assistance			Days' care to adults	Shelter		Total		In parents' homes	In relatives' homes	In foster homes	In institutions					
				Aid to dependent children	Old-age assistance	Aid to the blind		Meals	Lodgings											
All areas reporting, total.	-0.7	+0.1	-34.0	+14.8	+9.5	+1.8	-3.4	-24.6	-20.1	-5.7	-0.3	+1.8	-2.2	-0.3	-2.9	+2.5	0	+6.6		
Public auspices.....	-23.0	-34.0	+14.8	+9.5	+1.8	-6.3	-39.2	-37.5	+17.5	+2.9	+5.8	+0.2	+3.6	-5.0	.....	.....	-1.4			
Private auspices.....	-0.7	+10.3	.....	.....	.....	+0.7	-10.2	-6.3	-8.8	-1.7	+0.9	-3.6	-4.0	-2.5	.....	.....	+9.2			
Chicago.....	+7.6	-16.3	-25.4	+44.9	+6.9	-4.8	+1.3	-37.6	-33.5	-5.8	-3.2	-12.1	-6.3	+0.1	-3.2	+5.6	+2.0	+6.1		
Los Angeles.....	+12.2	+4.3	-55.6	+3.3	+10.7	+0.1	g/	-16.8	-18.4	-11.5	-4.8	-11.8	+8.6	-1.4	-3.5	+3.0	+3.3	g/		
Detroit.....	+7.7	g/	-24.8	+14.6	+24.8	+31.0	-14.5	-38.3	-27.1	-18.7	+5.0	+10.9	+6.5	-2.0	-1.7	-13.2	-2.5	+14.2		
Pittsburgh.....	+5.0	+2.9	-36.3	+57.7	+11.9	+4.8	g/	-10.5	-8.3	-0.8	-1.1	+6.2	-1.0	-7.2	-5.3	-14.7	-9.6	+6.9		
Cleveland.....	+14.0	-25.6	-35.5	+5.1	+6.9	+2.3	g/	-12.6	-16.6	+8.5	-7.6	-14.0	-13.4	-3.7	-5.8	+2.4	-11.7	+7.5		
St. Louis.....	+0.3	g/	-19.9	+32.0	+17.8	-14.2	g/	-18.0	-19.8	g/	-1.2	+0.2	-5.7	+1.3	-4.1	-1.6	+32.6	+5.7		
Baltimore.....	+15.0	+37.4	-17.2	+18.6	-4.7	-4.0	-5.9	+12.7	+15.5	+13.6	-3.9	-7.3	+7.4	-6.3	-0.7	+7.8	g/	+3.9		
Buffalo.....	+9.3	g/	-31.1	-2.8	+6.0	-2.1	-3.1	-36.0	-25.1	-7.4	-2.3	-10.9	-12.1	-1.3	-10.8	+24.6	+5.7	+8.2		
Boston.....	-12.1	-12.1	-27.3	+7.5	+4.0	-2.8	g/	-14.1	-7.2	-9.7	g/	g/	g/	g/	g/	-4.2	g/	g/		
Milwaukee.....	-7.1	-12.9	-42.4	+0.8	+7.8	+3.1	-0.5	-0.4	-9.1	-6.2	-2.9	-17.2	+1.8	+6.6	-3.5	g/	+6.4	g/		
Washington, D. C.....	+4.4	-22.1	+4.5	+6.5	+4.3	+2.3	g/	g/	g/	-3.9	-0.2	-16.4	-1.5	+1.9	+2.9	+0.9	+3.1	g/		
San Francisco.....	-12.4	-25.2	-48.5	+5.3	+8.2	-3.2	+0.5	-4.4	-26.5	-17.4	-3.5	-7.9	+9.7	-0.2	-5.9	+6.9	-1.1	+4.2		
Cincinnati.....	-11.0	+20.5	-27.5	+10.4	+15.5	+2.0	g/	-32.4	-28.5	-6.9	-0.5	+1.1	-8.9	+1.7	-2.5	+15.6	+4.4	g/		
Butte.....	+18.2	-8.7	-3.0	g/	+30.2	g/	+2.7	-36.3	-37.2	g/	+1.3	-6.6	+16.2	+5.7	-9.6	-13.9	g/	g/		
Minneapolis.....	+2.5	-17.4	-29.6	g/	-1.0	-17.0	-0.8	g/	g/	-1.6	-0.6	+1.2	-10.1	-1.9	-5.0	-13.8	-13.1	g/		
New Orleans.....	+16.9	-19.1	+4.2	+17.2	+13.9	+15.7	-1.4	-13.2	-18.7	g/	+4.0	+9.9	-4.8	+23.2	-4.6	-28.8	-5.8	g/		
Atlanta.....	-2.9	-3.0	-12.5	+25.2	+99.1	+62.6	+2.8	-77.2	-85.5	-0.8	+4.1	+2.0	0	+1.1	-5.1	+0.8	g/	g/		
Kansas City, Mo.....	-5.9	+15.0	-28.5	+31.2	+15.4	-8.0	-6.1	-17.2	-17.1	+35.1	+28.5	+29.2	g/	+16.5	-8.4	+7.3	g/	+5.1		
Indianapolis.....	-9.1	+10.0	-46.4	-0.8	+2.7	+3.0	-12.2	-13.9	-9.7	g/	+2.2	+10.1	+6.1	+0.4	-8.8	+8.2	g/	+7.3		
Birmingham.....	+34.0	+21.6	-7.7	+3.5	+4.5	+6.1	-3.2	+15.8	+31.5	g/	-4.8	-36.9	+28.3	+0.6	+0.4	+6.7	g/	+17.3		
Newark.....	+11.4	+4.8	-34.5	g/	g/	g/	g/	-41.8	-34.8	g/	g/	g/	g/	g/	g/	+1.7	g/	g/		
Dallas.....	+10.1	+9.6	-7.6	+4.4	+29.5	g/	+16.6	-21.4	+10.7	-9.6	+4.5	+1.0	g/	+26.9	+0.2	+3.6	g/	+9.6		
Columbus.....	+16.3	-4.1	-28.0	+11.8	+3.4	+2.0	-3.4	-10.6	-9.0	g/	-3.0	-1.6	g/	-3.9	-3.0	-9.2	-2.0	g/		
Louisville.....	+9.2	+62.5	+0.9	+36.0	+14.2	g/	g/	+7.6	+29.6	-15.8	-3.7	-6.5	+6.5	+2.0	-1.4	-1.1	g/	g/		
Akron.....	-6.4	g/	-48.9	+22.1	+13.2	+8.5	-2.4	-24.9	-22.4	g/	+2.0	+9.4	-16.5	+11.2	-10.2	g/	g/	+6.7		
Denver.....	-14.4	-2.9	-20.9	+8.2	+2.7	+11.1	g/	g/	-33.3	0	-7.2	+1.8	+4.4	+5.6	-2.2	-0.5	+8.7	g/		
St. Paul.....	+9.7	-23.6	-33.6	+6.8	-0.3	+9.5	g/	-49.8	-33.7	g/	g/	-2.4	-15.3	+5.7	+1.5	+11.0	-1.4	g/		
Dayton.....	-22.4	g/	-53.0	+19.9	+11.1	-2.3	-18.2	-37.7	-39.4	g/	+1.1	+13.9	+6.2	-2.4	-2.4	-6.7	g/	+11.0		
Richmond.....	-5.3	-1.2	-13.1	+67.7	+16.8	+10.8	+8.0	-1.8	-2.9	g/	-0.5	+2.0	g/	-4.2	-12.5	+10.0	g/	+12.3		
Providence.....	-11.9	+61.0	-40.4	+13.5	+3.9	g/	-1.2	-34.4	-36.9	-5.3	+11.1	+21.7	+16.8	-2.3	-11.0	+6.0	g/	g/		
Hartford.....	-7.4	+28.6	-43.5	-8.9	+0.5	g/	g/	g/	+1.8	-2.3	g/	g/	g/	g/	g/	g/	g/	g/		
Cumbe.....	-13.5	g/	-29.4	-0.9	+2.6	+4.1	+2.2	-6.6	-0.5	g/	+1.5	+4.1	g/	+5.2	-0.6	+2.6	g/	g/		
Grand Rapids.....	+25.3	g/	-16.5	+12.1	+9.0	+43.9	g/	-21.0	-18.8	-1.8	-3.3	+13.6	g/	-8.2	-13.2	g/	g/	g/		
Canton.....	-8.3	-10.0	-46.3	+10.9	+8.5	g/	-2.7	-2.7	+22.0	g/	-1.2	-6.9	+3.8	+3.7	-6.5	g/	g/	+18.8		
New Haven.....	-8.8	g/	-42.0	-12.4	+3.5	+9.6	g/	-29.6	-25.7	-3.1	+4.3	+34.0	g/	-4.3	+9.6	+16.7	g/	+4.6		
Wilkes-Barre.....	-5.7	+15.3	-35.0	+91.1	+10.4	+13.7	g/	-4.8	-7.6	g/	g/	g/	g/	g/	g/	g/	g/	+1.9		
Syracuse.....	-7.6	g/	-27.3	-9.6	+4.2	-1.9	g/	-33.0	-29.8	g/	-2.2	+7.6	-17.1	-4.6	-3.3	g/	g/	g/		
Des Moines.....	+1.2	-17.6	-30.2	-11.4	+3.0	0	g/	-23.9	-26.7	g/	+1.9	+3.7	-8.3	+10.3	-2.9	g/	g/	g/		
Springfield, Mass.....	-1.2	-10.4	-43.8	-4.3	+1.9	g/	g/	g/	g/	+2.3	g/	g/	g/	g/	g/	g/	g/	g/		
Wichita.....	+18.3	g/	-25.7	+10.0	+5.9	+3.6	g/	g/	g/	g/	+10.1	g/	g/	g/	g/	g/	g/	g/		
Stout City.....	-13.9	g/	-16.0	-3.5	+8.8	+1.4	g/	-5.8	-9.2	g/	+26.4	g/	g/	g/	g/	g/	g/	g/		
Duluth.....	+5.3	-10.0	-29.1	+0.8	-3.9	-1.0	-2.3	-10.8	-11.2	g/	+5.4	+5.3	+14.8	-8.3	-14.9	g/	g/	g/		

- a/ Listed from largest to smallest area population (see appendix table 3).  
b/ Exclusive of live births.  
c/ Includes Boy Scouts, Girl Scouts, and Camp Fire Girls.  
d/ Area did not report this type of service.  
e/ Less than 0.05 percent.  
f/ Not computed because base was less than 50.  
g/ Area reported there was no organized service of this type prior to October 1941.  
h/ Area reported there was no organized service of this type prior to February 1941.  
i/ Area not included because data were not available for 1940.  
j/ Area reported tuberculosis hospital closed June 1940.  
k/ Area reported there was no hospital limiting its service to tubercular patients.

Note.--This table includes corrections received through March 14, 1942.

of social and health service as reported by 42 urban areas for 1941 as compared with figures for 1940

Health service													Group work			Area a/	
Hospital in-patient						Medical service in—						Public health-nursing (field and office) visits	Medical-social service (patients)	Attendance at group activities	Members on national program registers		Social-service exchange clearings
General and special			Tuberculosis			Clinic, other than mental (visits)	Patient's home (visits)	School health program (examinations)	Mental hygiene clinic (cases)								
Admissions	Patient-days	Free	Admissions	Patient-days	Free												
Total	Total	Total	Total	Total	Total												
+6.6	+4.3	-5.8	+8.1	+2.5	+1.8	-6.3	-12.1	-2.3	-5.0	-0.5	-3.1			-1.2	+5.2	-9.1	All areas reporting, total
-1.4	-2.7	-4.5	+9.1	+3.5	+2.9	-7.4	-11.5	-2.5	-5.9	-0.4	-3.5			-1.2	+5.2	-9.1	Public auspices
+9.2	+7.9	-8.5	+2.5	-5.9	-10.7	-4.9	-32.3	+15.1	-4.7	-0.6	-2.8						Private auspices
+6.1	+4.6	-7.0	+5.3	-2.3	-3.1	-8.9	-26.3	-1.6	-9.2	-5.1	-8.6						Chicago
+3.3	+7.1	-5.7	+12.6	-0.7	-1.3	-10.0	-26.3	-1.6	-9.2	-5.1	-8.6						Los Angeles
+14.2	+7.1	-5.7	+12.6	-0.7	-1.3	-6.4	-3.7	+2.9	-18.6	-3.1	-8.5						Detroit
+6.9	+6.0	-5.2	+12.1	+16.4	+16.5	-8.0	-16.0	-9.0	-9.0	-6.4	-5.7						Pittsburgh
+11.7	+5.6	-4.3	+7.1	-0.2	-1.7	-9.2	+6.5	+4.5	+3.0	-1.5	+22.4						Cleveland
+5.7	+5.0	-4.7	+17.2	+12.0	+13.2	-7.4	-1.7	+3.7	+16.3	+9.1	-4.8						St. Louis
+3.9	-0.2	-12.6	+10.5	+3.3	+1.8	-11.7	+17.6	-0.2	-1.7	-15.3	-7.5						Baltimore
+8.2	+2.6	-18.0	+7.1	+0.9	+0.4	-17.4	-8.9	-25.3	+1.9	-3.2							Buffalo
+5.2	+4.7	-10.6	+3.8	+6.8	+3.2	-16.0	-36.4	+5.7	-5.6	-3.0							Boston
+5.1	+10.0	+13.2	+7.7	+0.7	-0.6	+0.9	+21.8	-8.6	-1.4								Milwaukee
+4.8	+0.2	-9.7	+76.3	+115.8													Washington, D.C.
+6.4						-1.9	-13.1	+6.5	+18.0	-7.8							San Francisco
+5.1						-4.0	-24.0	-28.8	-11.5	+10.0							Cincinnati
+2.8	-1.4	-5.3				-5.3	-12.9	-21.4	-6.0								Houston
+5.1	+4.6	-2.0				+10.1	-60.4	-76.9	-17.0								Minneapolis
+4.2	+3.9	-1.0				-0.5	+16.2	-27.0	+15.2								New Orleans
						+3.4	+22.5	-1.5	+4.6								Atlanta
+7.3	+8.3	+5.9				+5.8	+10.7	-5.8	+6.9								Kansas City, Mo.
+17.3	+10.8	-12.5				+17.2	+20.9	+6.7	+6.8								Indianapolis
+9.6	+1.3	-5.6				+1.2	+1.2	+4.5	-9.9								Birmingham
+9.7	+5.7	-7.9				-4.3	-5.2	+8.4	-8.2								Newark
								-6.7	-19.2								Dallas
+6.7	+6.7	-10.0				-10.1	-10.1	-14.9	+28.0								Columbus
+11.0	+9.5	-3.4				+7.0	+5.7	-4.8	-2.9								Louisville
+12.3	+5.1	-7.2				+5.4	+4.3	-7.9	-11.1								Akron
								-9.7	-1.6								Denver
+6.7	+6.7	-10.0				-10.1	-10.1	-14.9	+28.0								St. Paul
+11.0	+9.5	-3.4				+7.0	+5.7	-4.8	-2.9								Dayton
+12.3	+5.1	-7.2				+5.4	+4.3	-7.9	-11.1								Richmond
								-9.7	-1.6								Providence
+6.7	+6.7	-10.0				-10.1	-10.1	-14.9	+28.0								Hartford
+11.0	+9.5	-3.4				+7.0	+5.7	-4.8	-2.9								Omaha
+12.3	+5.1	-7.2				+5.4	+4.3	-7.9	-11.1								Grand Rapids
								-9.7	-1.6								Canton
+6.7	+6.7	-10.0				-10.1	-10.1	-14.9	+28.0								New Haven
+11.0	+9.5	-3.4				+7.0	+5.7	-4.8	-2.9								Willes-Barre
+12.3	+5.1	-7.2				+5.4	+4.3	-7.9	-11.1								Syracuse
								-9.7	-1.6								Des Moines
+6.7	+6.7	-10.0				-10.1	-10.1	-14.9	+28.0								Springfield, Mass.
+11.0	+9.5	-3.4				+7.0	+5.7	-4.8	-2.9								Wichita
+12.3	+5.1	-7.2				+5.4	+4.3	-7.9	-11.1								Sioux City
								-9.7	-1.6								Duluth

Appendix table 3.--Description of 42 urban areas

Principal city	1940 population	Registration area includes--
Total, 42 areas.	26,848,154	.....
Chicago.....	4,063,342	Cook County
Los Angeles.....	2,785,643	Los Angeles County
Detroit.....	2,015,623	Wayne County
Pittsburgh.....	1,411,539	Allegheny County
Cleveland.....	1,217,250	Cuyahoga County
St. Louis.....	1,090,278	City and St. Louis County
Baltimore.....	859,100	City
Buffalo.....	798,377	Erie County
Boston.....	770,816	City
Milwaukee.....	766,885	Milwaukee County
Washington, D. C..	663,091	City
San Francisco.....	634,536	City (Territory is coterminous with County)
Cincinnati.....	621,987	Hamilton County
Houston.....	528,961	Harris County
Minneapolis.....	498,225	City and village of Edina; but in fields R-2 and R-3 the territory includes Hennepin County with a population of 568,899
New Orleans.....	494,537	City (Territory is coterminous with Orleans Parish)
Atlanta.....	479,828	DeKalb and Fulton counties
Kansas City, Mo...	477,828	Jackson County
Indianapolis.....	460,926	Marion County
Birmingham.....	459,930	Jefferson County
Newark.....	429,760	City
Dallas.....	398,564	Dallas County
Columbus.....	388,712	Franklin County
Louisville.....	385,392	Jefferson County
Akron.....	339,405	Summit County
Denver.....	322,412	City (Territory is coterminous with County)
St. Paul.....	309,935	Ramsey County
Dayton.....	295,480	Montgomery County
Richmond.....	266,185	City and Chesterfield and Henrico counties
Providence.....	253,504	City
Hartford.....	248,128	City, and towns of Bloomfield, East Hartford, Newington, West Hartford, Wethersfield, and Windsor
Omaha.....	247,562	Douglas County
Grand Rapids.....	246,338	Kent County
Canton.....	234,887	Stark County
New Haven.....	223,093	City, and towns of East Haven, Hamden, and West Haven
Wilkes-Barre.....	221,687	City, and townships of Dallas, Hanover, Kingston, Plains, and Wilkes-Barre, and boroughs of Ashley, Courtdale, Dallas, Edwardsville, Forty Fort, Kingston, Larksville, Luzerne, Plymouth, Pringle, Sugar Notch, Swoyerville, and Warrior Run
Syracuse.....	218,688	City, and villages of East Syracuse and Solvay; but in fields R-2 and R-3 the territory includes Onondaga County with a population of 295,108
Des Moines.....	195,835	Polk County
Springfield, Mass.	175,882	City, and towns of East Longmeadow, Longmeadow, and West Springfield
Wichita.....	143,311	Sedgwick County
Sioux City.....	103,627	Woodbury County
Duluth.....	101,065	City; but in fields R-1-B, R-2, R-3, C-1 and C-2, and C-4 the territory includes St. Louis County with a population of 206,917

territory

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